Christopher S Abel, M.D.

8350 N Central Expy. Suite M-1025
Dallas, TX 75206
214-368-6341 fax 214-368-5803
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Authorization to Release Medical Records

TO:

Christopher S Abel, M.D.

8350 N. Central Expressway Ste M1025

Dallas, TX 75206

By signing this form I authorize the release of confidential health information about my children to Dr Christopher S. Abel. Personal health information includes, but is not limited to progress notes, immunizations, wellness exams, labs and imagine. The release of any information concerning communicable diseases such as HIV/AIDS/STDs, mental illness, chemical or alcohol use will be included with my child's health information unless otherwise noted in writing.

☐Complete records ☐ Immunizations Limitaions _____

Patient Name(s) and Date(s) of Birth

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Parent/Guardian Signature and Date