



KATY DIABETES AND ENDOCRINOLOGY

26077 Nelson Way Suite 1201
Katy, TX 77494
Phone: (832) 437-6531 Fax: (832) 437-6548

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Requesting physician:

___ Vivienne Leyco-Policarpio, MD

___ Noor Yazdanie, MD

Patient Full Name: _____ Patient DOB: _____

I hereby authorize Katy Diabetes and Endocrinology to request medical record information from:

Office Name/Physician Full Name: _____

Office Phone: _____ Office Fax: _____

Information to be released for patient care: *only mark what you are requesting*

Clinical notes

Pathology

Labs

Complete chart

Imaging

Hospital admission/discharge

Patient Signature: _____

Printed Name/Relationship: _____

Date _____