

The comprehensive care you need.
The compassion & convenience you deserve.

Jennifer Browning, M.D.
Stephanie Champion, M.D.
Randall Feuer, M.D.
Richard Spinnato, M.D.
Brenda Uribe-Torres, M.D.
Sharon Zavala, M.D.
Kris Barnsfather, M.D.
Kavita Mahajan-Merritt, O.D.
Sujatha Mohan M.D.
Joseph Petty, M.D.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PLEASE READ CAREFULLY:

If the Patient is under 18 years of age, this authorization may extend until the Patient's 18th birthday if dated until the Patient's 18th birthday.

If the Patient is over 18 years of age, this *Authorization for Release of Information* can only be written for a maximum period of one year only or specified dates written by the Patient.

I haraby authorize CARE FOR WOMEN to discuss modical information/results with:

Name	Relationship	Phone Number
I hereby release CARE FOR V from following this <i>Authoriza</i>		If the employees from any liability resulting ation request.
Signature of Patient		Date of Birth
Patient's Social Security Nur	mber	
Patient's Mailing Address		
City	State	Zip
Signature of Witness		Today's Date
ATASCOCI	ГА:	KINGWOOD:

18321 West Lake Houston Parkway, Suite #100 Humble, TX 77346 • Fax: (281) 359-5833

350 Kingwood Medical Drive, Suite #300 Kingwood, TX 77339 • Fax: (281) 359-5833



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MINOR CONSENT FORM FOR MEDICAL AND/OR SURGICAL TREATMENT

without limitations, routine diagnostic production whatever procedures are deemed necessary by Assistants as may be designated by the CAI child for the period of time she is considered. The minor similarly requests and authorizes	(Minor's Name) E FOR WOMEN to provide medical care including, cedures and medical treatment which is to include y the Attending Physician or other such Physicians or RE FOR WOMEN Physician for the care of my minor a minor. the CARE FOR WOMEN Physicians to administer any ary or advisable in their diagnosis and treatment,
acknowledged that no warranty, guarantee, o	edicine and surgery is not an exact science and or assurance has been made by CARE FOR WOMEN as nor may any such warranty, guaranty, or assurance be
Parent or Legal Guardian's Signature	Date
Minor's Signature	Date
Witness' Signature	Date
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