

JB Internal Medicine – Dr. Janie Beauvais

Medical Records Release Form

Patient's Full Name: _____

Date of Birth: _____ Telephone Number: _____

Address: _____

Please release my medical record from: JB Internal Medicine – Dr. Janie Beauvais

_____ Mail them to the above address

_____ Mail them to another physician

Name of physician or clinic: _____

Address: _____

Please release all records, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-rays.

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS NOTED ABOVE.

Signature

Date

**Please mail this completed form, along with a copy fee of
\$25 cash or check (made out to Dr. Janie Beauvais) to:**

JB Internal Medicine
6423 Seven Leaf Lane
Kingwood, TX. 77345