

# Family Medical Center

at

*Cinco Ranch*

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23144 Westheimer Parkway \* Katy, TX 77494 \* Office 281.392.5005 \* Fax 281.392.5052

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## RELEASE OF RECORDS AUTHORIZATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

I, \_\_\_\_\_ (patient's name), hereby request that you release all of my medical records such as history and physical, treatment and/or progress notes, lab and x-ray reports as well as other data pertinent to your treatment of me from \_\_\_\_\_ to \_\_\_\_\_ for the purpose of continuing patient care to:

Family Medical Center at Cinco Ranch  
Shelley C. Ferrill, M.D., A.B.F.P.  
23144 Westheimer Parkway  
Katy, TX 77494

Comments:

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Relationship to Patient

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Shelley C. Ferrill, M.D., A.B.F.P.

[www.FMCCincoRanch.com](http://www.FMCCincoRanch.com)