



**Plano Office**  
4100 W. 15<sup>th</sup> Street #210  
Plano, Texas 75093

**Lewis J. Frazee, M.D.**  
**James A. Passmore, M.D.**  
**Ellen Ngo, M.D.**

**Lewisville Office**  
751 Hebron Pkwy #230  
Lewisville, Texas 75057

**Phone: 972-867-7777**  
**Fax: 972-519-1679**

### Medical Records Authorization Form

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

**From Whom the records are to be released:**

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- **Medical Records**
- **Include testing images**
- **Include HIV information (if this applies)**
- **Do not include HIV information (if this applies)**
- **Contact lens records**
- **Summarizations of medical history**

**Reason (s) for this records release request:**

\_\_\_\_\_

\_\_\_\_\_

Signature of patient or responsible party

\_\_\_\_\_

Date