Drs. Girgis & Associates, S.C.
908 N. Elm Street, Suite 306
Hinsdale, IL 60521
Telephone 630-323-5214 Fax 630-323-5297
www.girgisent.com

Medical Records Release Form

Date: _____

Re Patient: _____

Date of birth: _____

I, _____

Authorize Drs. Girgis & Associates, S.C. to release to:

Name _____

Address _____

City, State, Zip _____

A copy of my

- ☐ Entire medical record
- ☐ Operative report
- ☐ CT scan on CD
- ☐ Lab reports
- ☐ Other: _____

_____ _____
Patient or parent signature (if patient is a minor) Date