Lewis
FAMILY MEDICINE
URGENT CARE

13830 Sawyer Ranch Rd.
Suite 100 – Urgent Care
Suite 102 – Family Medicine
Dripping Springs, TX 78620
(512) 301-6400
Fax (512) 301-6401

This letter is to confirm that I, _____, am requesting and authorizing for Lewis Family Medicine to release _____ or any medical records to the following:

- Person #1 _____ Relationship:_____ DOB:_____
- Person #2 _____ Relationship:_____ DOB:_____
- Person #3 _____ Relationship:_____ DOB:_____

_____ _____
Patient Name (Please Print) Date

_____
Signature