The Back and Neck Clinics

BELLAIRE • PEARLAND

Dr. Abraham G. Thomas, M.D., P.A.
BOARD CERTIFIED IN PAIN MEDICINE
AMERICAN BOARD OF ANESTHESIOLOGY

RELEASE OF PATIENT MEDICAL/BILLING INFORMATION

Patient Name: ____ **DOB:** ______________

I, ____, authorize the release of my confidential medical and billing records, which may include information regarding my diagnosis and the treatment of drug, alcohol and/or psychiatric disorders to Dr. Abraham G. Thomas, M.D., P.A. office.

I understand that this information is confidential and will not be further disclosed or used for any other purpose. I understand that requested copies of medical and/or billing records for personal use will be subject to a reasonable fee where required.

The following records are being requested:

Medical:____

Radiology:____

Psychological:____

Physical Therapy:____

Previous Pain Management:____

*****Please send all requested records as soon as possible*****

_______________________________________ ________________________

Patient/Parent/Legal Guardian Signature Date

5420 W. LOOP SOUTH, STE 4300
BELLAIRE, TEXAS 77401
713-797-0876 713-797-1601

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