PHONE (318) 338-3540

402 MCMILLAN ROAD WEST MONROE, LA 71291

FAX (318) 338-3542

Release of Information Application

Date:		
Patient Nam	e:	
Address:		
City, State, 2	Zip:	
Date of Birth	n:	
Phone #:		
Social Secur	ity #:	
Release to:	☐ Dr. Virginia Gonzalez ☐ C 402 McMillan Road West Monroe, LA 71291 Fax: 318-338-3542	Other (please specify)
Release from	:	
above physic		s) of my medical records to the
Records Requ		
	Entire Medical Record	
	Recent office visit	
	Recent lab work	
	Echo, Holter Reports, Stress Test Reports and EKGs Recent hospitalizations	
	ecent nospitanzations	
Patient Signature		Date