



William T. Lin, MD, PA
 2821 E. President George Bush Hwy, Suite 101
 Richardson, Texas 75082
 972-235-9444, FAX 972-235-9555
 www.DrWilliamLin.com

Medical Records Release

I, _____, HEREBY AUTHORIZE

 Name of Physician

 Address

 City, State and Zip

 Phone # Fax#

To release my child(ren)'s medical records including progress notes, growth charts, X-ray, lab and immunization records to Dr. William T. Lin, M.D., P.A.

_____ Patient's Full Name	_____ Date of Birth
_____ Patient's Full Name	_____ Date of Birth
_____ Patient's Full Name	_____ Date of Birth

- Please mail records to the above address (preferred).
- Please fax immunization records now and mail records to the above address.
- Please fax records to the above fax number.
- Please allow me to pick up my records from your office.

 Signature of Parent or Guardian _____
 Date