

JB Internal Medicine – Dr. Janie Beauvais

Medical Records Release Form

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release my medical record from: JB Internal Medicine – Dr. Janie Beauvais

\_\_\_\_\_ Mail them to the above address

\_\_\_\_\_ Mail them to another physician

Name of physician or clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release all records, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-rays.

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS NOTED ABOVE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail this completed form, along with copy fee of \$25  
cash or check (made out to JB Internal Medicine) to:**

JB Internal Medicine  
4582 Kingwood Drive, Suite E  
Box # 135  
Kingwood, TX. 77345