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**Print Name**

I \_\_\_\_\_ authorize Dr. Judith L. Thompson and staff to release information to the following:

- 1. \_\_\_\_\_  Medical information  financial information
- 2. \_\_\_\_\_  Medical information  financial information
- 3. \_\_\_\_\_  Medical information  financial information
- 4. \_\_\_\_\_  Medical information  financial information
- 5. \_\_\_\_\_  Medical information  financial information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

**This will remain in effect unless revoked in writing.**