

Consultants / Specialists List

ID _____

Please record the names of **other** physicians / specialists you see **regularly**. Also, please indicate if you do NOT want Dr. Moore, Dr. Rahman, or Dr. Mulupuri to release records to this physician by checking the column on the right.

Physician	Specialty	Phone Number	Location City (ex: Plano/Dallas)	Do Not Release Records

I give Dr. Pamela Moore, Dr. Sophia Rahman, Dr. Rama Mulupuri and their personnel permission to release medical information to the above physician(s) unless the “Do not release records” box is checked.

Patient Name (printed) _____

Patient Signature _____ Date _____