

Texas Star Pharmacy
3033 W Parker Rd., Suite 100
Plano, TX 75023
972-519-8475
Fax: 972-519-8477
Pharmacist@texasstarpharmacy.com

Medical Information Release Form for Patients and Medical Personnel

Patient Name: _____

DOB: _____

Address: _____

- I authorize the release of information including prescription, vaccination, consulting, and any other health related information to the following.
- I authorize the release of information of a minor of which I am responsible for medical care.

This information can be released to the following:

- i. Spouse: _____
- ii. Caregiver: _____
- iii. Other: _____

The release of this information will remain until terminated by me in writing.

Signed: _____ Date: _____

Title/Relationship: _____

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity referred above. The authorized recipient of the information is prohibited from disclosing the information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by state law.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reference on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

