



El Dorado Internal Medicine, LLC

Dr. H. Richard Kuhns

Dr. Amy Seeber

Dr. Kyle Tipton

Dr. Allison Sollo

Medical Release

I, _____ (Name), grant permission for you to release information regarding medical records, appointment dates and times, financial statements and lab results about me to the individuals listed below.

First Name:	Last Name:
Relation:	Phone Number:

First Name:	Last Name:
Relation:	Phone Number:

First Name:	Last Name:
Relation:	Phone Number:

First Name:	Last Name:
Relation:	Phone Number:

First Name:	Last Name:
Relation:	Phone Number:

Patient or Legal Guardian's Signature

Date

Printed Name

Relationship