



Nelson Bond MD
Interventional Pain Management/Anesthesia
1302 Waugh Drive #533
Houston, TX 77019
Phone 281-461-4300
Fax 888-266-0355

Authorization of Release of Medical Information

Patient Name: _____ Date: _____

Date of Birth: _____ SS#: _____

I authorize the release of medical records requested by BACAS, please send to either address or fax given below as requested.

BACAS
1302 Waugh Drive #533
Houston, TX 77019
Phone: 281-461-4300
Fax: 888-266-0355

Information being requested:

- Entire record file
- All Clinic notes
- Clinic notes from _____ to _____
- Radiology studies
- Operative Notes

- Please fax to 888-266-0355.
- Please mail to the above facility

Signature of Patient /Patient Guardian

Date

Witness

Date

