



PLASTIC &
RECONSTRUCTIVE
SURGERY

Please release medical records to:

ELIZABETH KERNER, M.D.
6130 West Parker Road
Suite 110
Plano, Texas 75093

(972) 981-3265 (fax)

I, _____, do authorize medical records
Patient, Parent or Legal Guardian (please print)

including radiology films for _____
Patient's Full Name

be released to the above-named physician.

Signature of Patient (or Legal Guardian)

Date

Signature of Witness