WELLSPINE, P.A.

FRANCISCO J. BATLLE, M.D. **Neurological Surgery**

DALLAS OFFICE
8215 Westchester Dr. Ste. 320
Dallas, TX 75225
Phone: (214) 819-9600
Fax: (214) 819-9601

Ft. WORTH OFFICE
8215 Westchester Dr. Ste. 320
Dallas, TX 75225
Phone: (214) 819-9600
Fax: (214) 819-9601

Records Release Authorization

To:_____

_____

_____

I hereby authorize and request that you release my medical records to:

WellSpine, P.A.
Dr. Francisco J. Batlle
8215 Westchester Dr. Ste. 320
Dallas, TX 75225
Fax: (214) 819-9601

The complete medical history records in your possession concerning my illness and/or treatment during the period from_____to present.

Patient name:_____
DoB:_____
Signature:_____