Fayette Medical Supply, Inc.
"Medical Equipment for the Home"
La Grange • Bastrop, TX

Release of Medical Records Authorization

Patient Information

Name: _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

Company Authorized to Release My Medical/Billing Records

Name of my current/former equipment supplier: _____

Phone number of current/former equipment supplier: _____

Instructions Regarding Release of Medical Records

Please release my medical/billing records to Fayette Medical Supply, Inc. as follows:

Fax: (979) 859-7184 **Telephone: 800-442-6704**

Mailing Address: PO Box 939, La Grange, TX 78945

Please Send the Following Records (e.g., sleep study, prescription, etc.)

☐ **Oxygen:** Office visit F2F, O2 sat testing listed on 484, initial & recert 484 CMN form(s), oxygen delivery ticket POD, and billing records.

☐ **CPAP/Bi-Level:** Office visit F2F b4 PSG, all PSG reports, initial CMN, initial delivery ticket of equipment, last 6 months of supply records, and billing records.

Or Other Records As Listed:

By my signature, I authorize the release of pertinent medical and/or billing information in accordance with the instructions above.

_____ _____

Signature of Patient or Authorized Representative *Date*

_____ _____

Printed Name *Relationship to Patient*