



Altus Cancer Center
310 North 11th St
Beaumont, Texas 77702
409.981.5510 Fax: 409.981.5511

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ **Patient I.D.:** _____

Date of Birth: ___/___/___ **SSN:** _____

I request and authorize Altus Cancer Center to release or retrieve a complete copy of my medical records to or from:

- Dauphin Cancer Screening & Prevention Center, Baptist Hospital
3080 College St, Beaumont, Texas 409.212.5000
- Baptist Hospital Orange: 608 Strickland Drive, Orange, Texas 77630; 409.883.9361
- Christus Hospital - St. Elizabeth: 2830 Calder, Beaumont, Texas; 409.892.7171
- Christus Hospital - St. Mary: 2001 9th Avenue, Suite 105, Port Arthur, Texas; 409.989.1151
- Diagnostic Health Center, Beaumont: 3220 Medical Center Dr, Beaumont, Texas 409.838.0033
- Diagnostic Health Center, Port Arthur: 3445 Regional Dr. Port Arthur, Texas; 409.626.3680
- Medical Center of Southeast Texas: 2555 Jimmy Johnson Boulevard, Port Arthur, Texas;
409.724.7389
- Altus Hospital Baytown – 1626 W Baker Rd, Baytown, Texas 77521; 281.837.7600
- Other: _____

This request and authorization applies to:

Film(s) and/or CD(s)

Complete Medical Records

Report (MRI, CT, OR, NUC, PET CT)

Relating to the following studies and dates:

Patient's Signature:

Printed Name:

Date Signed:

Charges:

Medical Records: \$8.00 of films/CD for Imaging/ \$ 32.50 for Complete Medical Records.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING.