Cahaba Valley Surgical Group, P.C.
644 2nd Street NE 2nd, Suite 206
Alabaster, AL 35007
205-620-9065 Fax: 205-620-9051

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name (**Please Print**):_____

Date of Birth:_____ Social Security Number:_____

I hereby give permission to **Cahaba Valley Surgical Group, P.C.,** located at 644 2nd Street NE 2nd Suite 206, Alabaster, AL 35007, (Dr. Rex A Sherer, Dr. Richard D. Stahl, Dr. Tim L Christopher, and Dr. Vince W. Gardner) to release my medical records **to UAB Hospital's Gastrointestinal Surgery and General Surgery Department.** I intend to follow Dr. Richard Stahl for follow-up care related to my bariatric surgery.

You may mail this request to the address above, or fax to 205-620-9051. Please be sure to print and sign, where indicated.

Once received, your request will be processed in 5-7 business days, and records will be furnished directly to Dr. Stahl's office at UAB.

This request includes records pertinent to my bariatric surgery performed by Dr. Stahl, and may include (but may not be limited to) the following documents:

- Labs and diagnostic tests
- Pathology
- Radiology
- History and Physical Data
- Database Information
- Financial Information
- Complete Records of the Patient File

◉ This authorization shall be in effect for as long as I am a patient of Cahaba Valley Surgical Group, P.C.

Or

○ This authorization shall expire on _____/_____/201___.

_____
Signature of Patient or Authorized Guardian

Date Signed:_____