



Authorization to Release Medical Records

Please release my medical records to:

Dr. Jerry Gooch
6029 Walnut Grove Road, Suite 109
Memphis, TN 38120
Fax: (901) 747-0016
Phone: (901) 747-0017

Patient's Name: _____
(please print)

Date of Birth: _____

Social Security Number: _____

Patient's Signature: _____ Date: _____