

# COLORECTAL SURGERY SERVICES, PLLC HEMORROID INSTITUTE OF SOUTH TEXAS

19288 Stone Oak Parkway, Suite A  
San Antonio, TX 78258  
Office: (210) 490 - 2828 Fascimile: (210) 490 - 0505

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## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

**Patient's Name:**

**Date of Birth:**

**Previous Name:**

**Social Security #:**

I request and authorize \_\_\_\_\_ to

release healthcare information of the patient named above to:

Name: John H. Winston, III, M.D., M.B.A. / Colorectal Surgery Services, PLLC  
Wm. Cannon Lewis, M.D. / Colorectal Surgery Services, PLLC

Address: 19288 Stone Oak Pkwy Ste A

City: San Antonio State: TX Zip Code: 78258

### This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

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All healthcare information

Colonoscopy report (s). Dates: \_\_\_\_\_

Pathology report(s). Dates: \_\_\_\_\_

Office visit notes(s). Dates: \_\_\_\_\_

Other: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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