

**SouthWest Arthritis Research Group, P.A.**  
1600 Republic Parkway, Suite 200, Mesquite, TX 75150

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**SouthWest Arthritis Research Group**

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**Authorization for Release of Records**

The undersigned hereby authorizes and requests Dr. \_\_\_\_\_  
to provide *SouthWest Arthritis Research Group* with access to the medical and treatment records of  
(name) \_\_\_\_\_ (date of birth) \_\_\_\_\_ for the purpose  
of continuing treatment. I release you from all legal responsibility or liability that may arise from this  
authorization.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

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