Frank Rubalcava, M.D. **Ted Trusevich, M.D.** **Yasser Farra, D.O.**
Charles Bailey, M.D. **Sheri Boyd, M.D.**
Prasantha Bathini M.D. **Ronnie Garcia, M.D.**
Melanie Morris, R.N., FNP-BC

Date: _____

I, _____ am giving my written authorization to let the following relatives or care givers permission to speak to Dr. Rubalcava / Dr. Trusevich / Dr. Farra / Dr. Bailey / Dr. Boyd / Dr. Bathini / Dr. Garcia about my medical condition.

1. _____
2. _____
3. _____
4. _____

_____ _____
Signature Date of Birth

I give my permission for NBC to leave a message on my answering machine/voicemail_____

1626 E. Common St. New Braunfels Texas 78130
830-620-1272 830-620-1274 email nbc1232004@yahoo.com