Authorization For Release of Medical Records

Advanced Kidney Care of North Texas
4708 Alliance Blvd, Ste. 600
Plano, TX 75093
Fax (469)467.4923 Phone (469)467.0011

Patient Name _____

SS#:_____ DOB:_____

Receive Records From:	**Release Records To:**
_____	_____
_____	_____
_____	_____
_____	_____

Please send a copy of my records as indicated for date(s) of treatment:_____

_____Hospital Records _____Lab Reports _____ X-Ray Reports
_____ Office Notes _____All Records

Purpose for releasing medical information_____
_____

Signature of Patient/Legal Guardian Date

Witness Date