



T: 281-370-7272 | F: 832-559-8584 | info@pcpforlife.com | www.pcpforlife.com

# MEDICAL RECORDS RELEASE

Records Request From (Name or Doctor or Facility)

Address of Doctor or Facility (if available)

Doctor / Facility Phone

Doctor / Facility Fax

## Information / Copies of Medical Records on:

Last Name

First Name

Date of Birth

X X X - X X - \_\_\_\_

Last four digits of your Social Security

Period of Treatment:

From: \_\_\_\_\_ To: \_\_\_\_\_

PURPOSE OF MEDICAL INFORMATION: **NEW AND/OR ONGOING MEDICAL CARE**

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

In addition to all my records, I specifically also authorize the release of any records that may pertain to STD, HIV, AIDS, drug, alcohol or mental health to PCP for Life and it's providers and staff. YES NO

I HEREBY REQUEST AND AUTHORIZE THE ABOVE NAMED PHYSICIAN / TREATMENT FACILITY TO RELEASE ANY AND ALL MEDICAL INFORMATION REQUESTED FOR THE PURPOSE(S) DESCRIBED TO **PCP FOR LIFE**

Patient / Legal Guardian Signature

Date

Montgomery  
19380 Hwy 105 W Ste 531  
Montgomery TX 77356

Huntsville  
179 IH-45 STE 300  
Huntsville TX 77340

Spring  
4915 FM 2920 Ste 200  
Spring TX 77388

Tidwell  
2302 Tidwell Rd  
Houston TX 77093

Lakewood  
12015 Louetta Rd Ste 200  
Houston TX 77070

Magnolia  
31350 Friendship Lane  
Magnolia TX 77355

Splendora  
16401 First St Ste 200  
Splendora TX 77372

Greenspoint  
12130 Greenspoint Drive  
Houston, TX 77060