Account #: _____

Stella Mattina
Phone: 214-942-3100
Fax: 469-399-0355
bishop@stellamattina.com
Locations: 1135 North Bishop Avenue. Dallas, TX 75208 | 811 W Interstate 20. Suite 212. Arlington, TX 76017 | 6300 Samuell Boulevard, #154. Dallas, TX 75228

RELEASE OF MEDICAL RECORDS

To: _____ Fax:_____
Physicians Name (print)

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby request my medical records to be released to

_____.

Please send only those records that contain information on

_____

_____

Patient Name: _____ DOB (Date of Birth): ____/____/_____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ _____
(Patient PRINTED Name) (Patient Signature)

Date: ____/____/_____