Wentian (Wilson) Huang, M.D., PhD., P.C.
3475 Collins Blvd
Garland, TX 75044
Office: 972-530-5550 Fax: 972-530-3632

MEDICAL RECORDS REQUEST

Date_____

_____ _____
Doctor/Hospital/Facility Phone #

_____ _____
Address Fax #

_____
City, State and Zip

I, _____ (Print Name), hereby authorize and request release of all records in your possession concerning _____ (Print Patient Name) _____ (Date of Birth) illness and/or treatment during the period from _____ to _____ for continuation of care.

Name_____ Tel_____

Address_____ City_____ ST____ Zip_____

Signature_____ Date _____
(If Relative, please state relationship)

Expires _____ days from today's date.