



RECORDS RELEASE REQUEST

PATIENT INFORMATION				
First Name	Last Name	MI	Social Security Number	Date of Birth
Address		City		State Zip

I hereby authorize and request the following doctor/facility release the below checked items to San Antonio Kidney:

- My complete medical record
- Records of care from timeframe: _____ to _____ only
- Records of care concerning the following condition(s): _____

Patient Signature

Date

RECORDS RELEASE FROM:			
Doctor/Facility			
Address		City	
		State	Zip
Phone Number ()		Fax Number ()	

RECORDS RELEASE TO: San Antonio Kidney
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<input type="checkbox"/> 102 Palo Alto Rd, Ste 200	San Antonio	TX	78211	P (210) 403-0765	F (210) 547-9270
<input type="checkbox"/> 1410 E. Walnut St	Seguin	TX	78155	P (830) 549-5022	F (830) 433-4460
<input type="checkbox"/> 222 Sidney Baker South, Ste 208	Kerrville	TX	78028	P (830) 896-7607	F (830) 896-8482
<input type="checkbox"/> 2391 NE Loop 410, Ste 405	San Antonio	TX	78217	P (210) 654-7326	F (210) 590-8232
<input type="checkbox"/> 2660 E. Common St, Ste 201	New Braunfels	TX	78130	P (830) 620-4650	F (830) 620-4657
<input type="checkbox"/> 2902 Goliad Rd, Ste 103	San Antonio	TX	78223	P (210) 337-4911	F (210) 337-7749
<input type="checkbox"/> 400 Baltimore	San Antonio	TX	78215	P (210) 228-0743	F (210) 228-9749
<input type="checkbox"/> 495 10 th Street, Ste 102	Floresville	TX	78114	P (830) 216-2606	F (830) 216-4037
<input type="checkbox"/> 731 Carnoustie Dr, #102	San Antonio	TX	78258	P (210) 495-8280	F (210) 481-3116
<input type="checkbox"/> 4330 Medical Dr, Suite 105	San Antonio	TX	78229	P (210) 692-7228	F (210) 692-9671
<input type="checkbox"/> 9846 Westover Hills, Ste 101	San Antonio	TX	78251	P (210) 549-3524	F (210) 549-3526