SAN ANTONIO KIDNEY

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

☐ 1410 E. Walnut St	Seguin	TX	78155	P (830) 549-5022	F (830) 433-4460
☐ 222 Sidney Baker South, Ste 208	Kerrville	TX	78028	P (830) 896-7607	F (830) 896-8482
☐ 2391 NE Loop 410, Ste 405	San Antonio	TX	78217	P (210) 654-7326	F (210) 590-8232
☐ 2660 E. Common St, Ste 201	New Braunfels	TX	78130	P (830) 620-4650	F (830) 620-4657
☐ 3124 Sidney Brooks, Ste. 570B2	San Antonio	TX	78235	P (210) 337-4911	F (210) 337-7749
☐ 400 Baltimore	San Antonio	TX	78215	P (210) 228-0743	F (210) 228-9749
☐ 104 Turner Lane	Floresville	TX	78114	P (830) 216-2606	F (830) 216-4037
☐ 18707 Hardy Oak Blvd, Ste. 530	San Antonio	TX	78258	P (210) 495-8280	F (210) 481-3116
☐ 4330 Medical Dr, Suite 105	San Antonio	TX	78229	P (210) 692-7228	F (210) 692-9671
☐ 10010 Rogers Crossing, Ste 210	San Antonio	TX	78251	P (210) 549-3524	F (210) 549-3526
☐ 12602 Toepperwein Rd, Ste. 208	Live Oak	TX	78233	P (210) 403-0794	F (210) 646-0042