



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"/> 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"/> 3124 Sidney Brooks, Ste. 570B2	San Antonio	TX	78235	P (210) 337-4911	F (210) 337-7749
<input type="checkbox"/> 104 Turner Lane	Floresville	TX	78114	P (830) 216-2606	F (830) 216-4037
<input type="checkbox"/> 18707 Hardy Oak Blvd, Ste. 530	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"/> 10010 Rogers Crossing, Ste 210	San Antonio	TX	78251	P (210) 549-3524	F (210) 549-3526
<input type="checkbox"/> 12602 Toepperwein Rd, Ste. 208	Live Oak	TX	78233	P (210) 403-0794	F (210) 646-0042