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Medical Records Request Instructions

If you wish to request a copy of your medical records, you may access the Medical Record Request Form from our website- www.austinentassociates.com

Download/print and complete the form in its entirety. You may fax the form to (512) 580-0097 or return via email to medicalrecords@austinentassociates.com.

There is a minimum charge of \$25 for the first twenty pages and \$.50 per page thereafter. These fees are necessary to offset costs associated with processing your request-staff time, copying, printing supplies, tracking, reporting and postage.

An invoice will be sent within five business days of receipt of your request for records. This fee can be remitted by check or credit card by mailing to the address at the bottom of this page or call the Medical Records Department with your payment information. Your request will be fulfilled upon receipt of payment.

Your records will be faxed, mailed or can be picked-up at our office. We are unable to provide copies of medical records in any electronic format.

There is no charge to have your records faxed to another physician for continuing care.

*Austin ENT Associates
Attn: Medical Records
7200 Wyoming Springs Dr.
Suite 1400
Round Rock, TX 78681
Phone (512) 380-4095*

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