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1900 NORTH LOOP WEST SUITE 180, 1ST FLOOR, HOUSTON TX 77018
350 KINGWOOD MEDICAL DR SUITE 230, 2ND FLOOR, KINGWOOD TX 77339

Texas Heart & Vein Multispecialty Group Instructions to Patient:

Complete this form and return to Texas Heart & Vein Multispecialty Group by scanning and emailing, or by faxing to:

Attn: Medical Records

Fax: 877-559-7682 Email: info@thvmg.com

Patient Instructions to Facility:

I, _____ (Previous Last Name - if applicable) _____

Date of Birth _____

hereby authorize: Name of Facility: _____

Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

REASON FOR MEDICAL RECORDS:

___ CONTINUATION OF CARE ___ SECOND OPINION ___ NEW PHYSICIAN

To release my medical records to:

Texas Heart & Vein Multispecialty Group

Jon-Cecil Walkes, M.D. | Lamin Bangura, M.D. | Nathaniel Alabi, D.P.M | AKASHDEEP SINGH, DPM

Phone: 281-888-0809 Fax: 877-559-7682

Patient Signature: _____

Date: _____ Patient Phone number: _____

Texas Heart and Vein Multispecialty Group instructions to Facility:

Our patient has requested the transfer of his/her medical records to Texas Heart & Vein Multispecialty Group above as soon as possible for patient care purposes. Please notify us immediately if you do not have the requested medical records.

Thank you, Texas Heart & Vein Multispecialty Group