KELLY CUNNINGHAM, MD
Austin Ortho+Biologics

911 W. 38th St., Suite 101 • Austin, TX 78705
6836 Bee Cave Rd., Suite 103 • Austin, TX 78746
Phone: 512-410-0767 • Fax: 512-649-7402

Authorization to Obtain Medical Records

Patient Name: ____________________________ DOB: ______________
Address: ____
____
Phone #: ____

Previous Practice: ____
Address: ____
____
Phone #: ____
Fax #: ____

I'm a prior patient of your clinic and I would like to request the following medical records be sent to Dr. F. Kelly Cunningham:

_____ X-rays
_____ MRI Reports
_____ MRI films
_____ Operation Reports
_____ Office Notes
_____ Other: ____

____ I will be coming by the office on this date _____________ to pick them up.

____ Please fax them to (512) 649-7402 prior to my appointment date of_____________.

Sincerely,

Patient Signature: ____________________________________Date: _____/______/_____