



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 all of my medical records, including communicable disease information such as hepatitis or AIDS/HIV test results and other physician records that are part of my medical records, to be released to San Antonio Kidney Disease Center Physicians Group, PLLC.

Patient Signature

Date

RECORDS RELEASE FROM:			
Doctor/Facility			
Address		City	
		State	Zip
Phone Number ()		Fax Number ()	

RECORDS RELEASE TO: San Antonio Kidney Disease Center Physicians Group, PLLC

<input type="checkbox"/> 102 Palo Alto Rd, Ste 200	San Antonio	TX	78211	P (210) 403-0765	F (210) 547-9270
<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"/> 2902 Goliad Rd, Ste 103	San Antonio	TX	78223	P (210) 337-4911	F (210) 337-7749
<input type="checkbox"/> 400 Baltimore	San Antonio	TX	78215	P (210) 228-0743	F (210) 228-9749
<input type="checkbox"/> 495 10 th Street, Ste 102	Floresville	TX	78114	P (830) 216-2604	F (830) 216-4037
<input type="checkbox"/> 731 Carnoustie Dr, #102	San Antonio	TX	78258	P (210) 495-8280	F (210) 481-3116
<input type="checkbox"/> 8042 Wurzbach, Ste 500	San Antonio	TX	78229	P (210) 692-7228	F (210) 692-9671
<input type="checkbox"/> 9846 Westover Hills, Ste 101	San Antonio	TX	78251	P (210) 549-3524	F (210) 549-3526