



## 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 ( )	

<b>RECORDS RELEASE TO: San Antonio Kidney Disease Center Physicians Group, PLLC</b>
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<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 <sup>th</sup> Street, Ste 102	Floresville	TX	78114	P (830) 216-2606	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