

Release of Medical Records

I, _____ hereby request that you release my medical records including _____ labs _____ X-rays to:

Edid Ramos M.D., P.A.
315 E. Pleasant Run Rd.
Desoto, TX 75115
Phone: 972-228-4888 Fax: 972-228-3336

Signature of Patient or Personal Representative

Date

Patient's Date of Birth

Social Security Number

Address

City

State

Zip Code

Witness

Date

Name of Previous Office or Physician(s)

Phone#/Fax#

Address

City

State

Zip Code