

Medical Records Release Form

Today's Date: _____

Patient Information

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

D.O.B.: _____ SS#: _____

Pt's Signature: _____

Requesting Records From

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Fax#: _____

Send Records To

Heart of Texas Family Medicine

Russell B. Skinner, MD

103 South Park Drive

Brownwood, TX 76801

Ph# (325) 643-5362

Fax# (325) 641-0992