



# REQUEST FOR MEDICAL RECORDS

THIS IS TO AUTHORIZE; Eye Center of Texas, L.L.P.

To Release My Medical Records To; \_\_\_\_\_  
NAME OF DOCTOR / HOSPITAL / INDIVIDUAL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE FAX

Yasir Ahmed, M.D.

Nicholas P. Bell, M.D.

Mark L. Mayo, M.D.

Larry M. Puthenparambil, M.D.

Paul J. Stewart, M.D.

Edward C. Wade, M.D., F.A.C.S.

Christopher D. Allee, O.D.

Jill C. Autry, O.D., R.Ph.

Amanda L. Bachman, O.D.

Julie D. Ngo, O.D., F.A.A.O.

Randall N. Reichle, O.D., F.A.A.O.

Justine N. Rosner, O.D., F.A.A.O.

Krystal L. Schulle, O.D., F.A.A.O.

Christopher Sek, O.D, F.A.A.O.

BY SIGNING BELOW, I HEREBY

1. Authorize release of my medical records as shown above.
2. I acknowledge that there may be a fee in accordance to the State Board of Medical Examiners; Chapter 165

PATIENT NAME; \_\_\_\_\_ DOB; \_\_\_\_\_

SIGNATURE; \_\_\_\_\_  
PATIENT OR GUARDIAN DATE

PATIENTS PHONE; \_\_\_\_\_  
CURRENT PHONE # ALTERNATE PHONE #

REQUEST TYPE;  Patient  Medical  Legal  Insurance  
 Other: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEE; \$ \_\_\_\_\_ Reviewed by; \_\_\_\_\_ Fax/Mail by; \_\_\_\_\_ on; \_\_\_\_\_  
INITIAL INITIAL DATE

**CONFIDENTIALITY NOTICE;**

*This Medical Records Release and any accompanying document(s) contain private and confidential information. This information is intended for the individuals or entity(s) named on this transmission form. If you are not the intended recipient(s) you are hereby notified that any disclosure, reproduction, distribution or use of this information is strictly prohibited. If you have received this document in error, please notify the sender by telephone immediately so that arrangements can be made for the retrieval of the information.*

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**BELLAIRE**

6565 West Loop South  
Suite 650  
Bellaire, TX 77401  
**713.797.1010 p.**  
713.357.7276 fax

**PASADENA**

4415 Crenshaw Rd  
Pasadena, TX 77504  
**281.977.8800 p.**  
281.977.8877 fax

**SUGAR LAND**

15400 Southwest Frwy  
Suite 301  
Sugar Land, TX 77478  
**281.277.1010 p.**  
281.277.4504 fax

**CLEAR LAKE**

455 E. Medical Center Blvd  
Suite 110  
Webster, TX 77598  
**281.332.1397 p.**  
281.282.9152 fax

**KATY**

Greenhouse Medical Plaza  
2051 Greenhouse Road  
Suite 110  
Houston, TX 77084  
**713.797.1010 p.**  
713.357.7276 fax

**THE WOODLANDS/  
CONROE**

100 Medical Center Blvd  
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Conroe, TX 77304  
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