PRIME RHEUMATOLOGY CLINIC OF HOUSTON PLLC
Dr. Gwendoline Menga

Phone: (832) 821-5550 Fax: (936) 207-4109

17191 St Luke's Way Suite 220
The Woodlands TX 77384

Medical Record Request Form

Requesting information on the following patient:

Patient Name: _____ DOB: _____

REQUESTING PHYSICIAN: Dr. Gwendoline Menga

AUTHORIZING RECORDS TO BE RELEASED FROM:

Physician First & Last Name: _____

Address: _____

Phone Number: _____ Fax: _____

I hereby authorize the release of all medical records in your possession regarding my illness/ treatment as indicated to the requesting physician. I understand that the disclosed information may be subject to re-disclosure by the recipient. Please forward all records to:

Prime Rheumatology Clinic of Houston PLLC
RECORDS REQUESTED: Please send only the most recent unless otherwise specified.

____ Progress Notes ____ Labs

____ X-ray ____ DEXA

____ MRI ____ CT scan

____ EKG ____ EMG/NCS

____ Infusion Report ____ Other

Purpose of Disclosure:

__ Medical Care __ Insurance __ Attorney __Other (specify) _____

Patient Signature: _____ Date: _____

(This authorization is valid for 180 days from signed date and may be revoked in writing at any)