BAY COLONY PEDIATRICS
Dr. Mahalakshmi Ramchandra, MD, FAAP
2251 FM 646 West, Suite 155
Dickinson, TX 77539
Phone (281) 614-2445
Fax (281) 614-1002

AUTHORIZATION TO RELEASE MEDICAL RECORDS

DATE: ____________

PATIENTS NAME/ S: ____

DATE OF BIRTH/S: ____

ADDRESS: ____

____

HOME PHONE: ______________________ CELL: _____________________________

FROM: I AUTHORIZE: (NAME OF PREVIOUS CLINIC/HOSPITAL)

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ADDRESS: ____

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PHONE: ____________________________ FAX: ______________________________

TO RELEASE RECORDS REGARDING THE PATIENT'S TREATMENT, MEDICAL AND /OR BEHAVIORAL HEALTH CONDITIONS FOR **CONTINUITY OF CARE**:

□ ALL MEDICAL RECORDS □ SHOT RECORDS □ X-RAYS
□ LABS □ OTHERS ____

TO: **BAY COLONY PEDIATRICS**

DR. MAHALAKSHMI RAMCHANDRA, MD, PA

2251 FM 646 WEST, SUITE 155,

DICKINSON, TEXAS 77539

PHONE: 281-614-2445 FAX: 281-614-2445

□ BY MAIL □ FAX □ PERSONAL PICK UP BY PATIENT

SIGNATURE: __________________________________ DATE: _________________

RELATIONSHIP TO PATIENT____