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: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

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

_____

ADDRESS: _____

_____

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: 281-614-1002

Please fax the medical records if less than 50 pages, else mail the same

SIGNATURE: _____ DATE**: August 7, 2018**

NAME: _____

RELATIONSHIP TO PATIENT_____