

HOUSTON

URBAN RETREAT

2500 WEST LOOP SOUTH
SUITE 300
HOUSTON, TX 77027
PHONE : (713) 439-7922
FAX : (713) 439-7944
EMAIL : INFO@TWAAMC.COM
WEBSITE : WWW.TWAAMC.COM



HOUSTON

MED-CARE CENTER

3235 HILLCROFT
HOUSTON, TX 77057
PHONE : (713) 783-1009
FAX : (713) 783-2487
EMAIL : INFO@TWAAMC.COM
WEBSITE : WWW.TWAAMC.COM

SAN ANTONIO

THE WELLNESS & AESTHETICS MEDICAL CENTER

19016 STONE OAK PARKWAY, SUITE 240, SAN ANTONIO, TX 78258
PHONE : (210) 495-8558
FAX : (210) 495-8559
EMAIL : INFO@TWAAMC.COM
WEBSITE : WWW.TWAAMC.COM

REQUEST for Release of Medical Records

- LAB RESULTS
- TEST REPORTS
- X-RAYS AND FILMS
- ALL RECORDS

To: _____

I hereby request that my medical records be released to:

SAN ANTONIO
THE WELLNESS & AESTHETICS
MEDICAL CENTER
19016 STONE OAK PARKWAY
SUITE 240
SAN ANTONIO, TX 78258
PHONE : (210) 495-8558

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HOUSTON
MED-CARE CENTER
3235 HILLCROFT
HOUSTON, TX 77057
PHONE : (713) 783-1009

Date: _____

Print Patient's Name: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____