

Dallas Oncology Consultants, P. A. Medical Records Release

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2010 S. Ben Merritt Drive, Suite A
Decatur, Texas 76234
(940) 626-2300 Fax (940)626-2315

To:

I, _____, hereby request that you release my medical records to:

- | | |
|--|--|
| <input type="checkbox"/> Edward L. Middleman, M.D. | <input type="checkbox"/> Maria Juarez, M.D. |
| <input type="checkbox"/> Maryada Reddy, M.D. | <input type="checkbox"/> James Mackey, M. D. |
| <input type="checkbox"/> Inna Shmerlin, M. D. | <input type="checkbox"/> C. K. Wang, M. D. |

Patient's Signature

Date of Request

Date of Birth

Social Security Number

Address

City

State

Zip

Witness Signature