NORTH TEXAS PEDIATRICS

12200 Park Central Drive #255
Dallas, Texas 75251
Phone #: 214/553-0705
Fax #: 214/553-0706

REQUEST FOR MEDICAL RECORDS
(FOR SPECIALIST OR PREVIOUS PHYSICIANS)

Please complete the following information:

Patient Name:_____ DOB:_____

Patient Name:_____ DOB:_____

Patient Name:_____ DOB:_____

Requesting From Facility/Dr.:_____

Address:_____

City, State, Zip Code:_____

Phone and Fax #:_____

Please have my records released to:

_____ Dr. Lori Accordino

_____ Dr. Melody Lao

_____ Dr. Amy Pass

_____ Dr. Patricia Wheelahan

_____ _____

Parent (Guardian) Signature Date