

# Comprehensive Cardiovascular Care of the Woodlands, PA

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## Medical Record Request

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, hereby request and authorize you to send all of my progress notes, lab, x-rays, or other tests and hospital discharge summaries that are in my medical records. Please limit this information to that after \_\_\_\_\_.  
(Date/Month/Year)

Data to exclude and not send is \_\_\_\_\_.

Reason patient wants information disclosed (Example: Physician Referral)

\_\_\_\_\_

\_\_\_\_\_

Please send this information to:

**Dr. Sanjaykumar Patel**

**17450 St. Luke's Way, Suite 250**

**The Woodlands, TX 77384**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient's Date of Birth

Expiration Date of Request will be 1 year from today's date or as specified on this line \_\_\_\_\_.