Hyden Health Care, PLLC
Buna, Texas

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Medical Records Release Form

The following individual has asked us to request his/her medical records be released and forwarded to Hyden Health Care, PLLC. Please mail records to PO Box 1568 Buna, TX 77612.

Please complete the items with (*) next to them. Leave the rest blank

*Patient name:_____ *Date of Birth:_____

*Patient's Address:_____

*City:_____ State:_____ Zip:_____

*Phone:_____

*Patient's Signature:_____ Date:_____

Signature of Witness:_____ Date:_____

The area below this line should be left blank

Physician/Facility name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____