Mainland
PRIMARY CLINIC
Rhea Heidi B. Balitbit, MD
3723 Fatta Dr.
Dickinson, TX 77539
(346) 800-1360
(346) 800-1366
MainlandPrimaryClinic@gmail.com

MEDICAL RECORDS REQUEST

URGENT

Date: _____

Facility: _____ Phone: _____

Fax: _____

The below named patient has requested that his or her medical records be released to our office:

Patient Name: _____ DOB: _____

Social Security: _____

Please send the *LAST 2 YEARS* of records including:

- ○ Demographics/Insurance
- ○ Laboratory Report
- ○ Consultation
- ○ Progress Note
- ○ Diagnostic Imaging/Tests
- ○ Other:
- ○ Colonoscopy/EGD Report
- ○ Mammogram
- ○ Eye Report
- ○ Dexa Scan Report

For continuation of care, please Fax Reports to 346-800-1366

I hereby authorize the release of all necessary medical records to:
Mainland Primary Clinic, Dr. Rhea Heidi B. Balitbit.

Patient Signature: _____ Date: _____