THOMAS H. RAETZSCH, M.D.
1025 North Austin Street, Seguin, Texas 78155
Telephone (830) 379-1184 Fax (830) 303-2314

MEDICAL RECORDS RELEASE REQUEST OF PATIENT INFORMATION

Patient's Name: _____

Date of Birth: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Phone:_____

I hereby authorize the release of my medical records

FROM the following physician or facility:

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Phone: _____Fax _____

DATE RANGE: _____ **to** _____

Send medical records to the following physician or facility:

Thomas H. Raetzsch, MD
1025 N. Austin St. Seguin, TX 78155
Ph:(830) 379-1184
Fax: (830) 303-2314

_____

Patient Signature Date