

Women's Health Specialists of Dallas, P.A.  
8160 Walnut Hill Lane Suite 200  
Dallas, Texas 75231  
Phone (214) 363-4421 Fax (214) 987-1657

I hereby request that my medical records be released to:

- Dr. Jonathan R. Brough, M.D.
- Dr. Angela M. Angel, M.D.
- Dr. Kavitha Blewett, M.D.
- Dr. Lisa G. Remedios, M.D.

Patient Name \_\_\_\_\_  
Patient Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

I hereby request that my medical records be released from:

Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PhoneNumber \_\_\_\_\_  
Fax Number \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship if patient is a child \_\_\_\_\_