

CONFIDENTIAL

Request for Medical Records

To: _____

Please forward a copy of :

- my complete medical record
- copy of examination notes and problem lists
- Other: _____

To:

Hardeep Rai, MD, P.A.
1913 Walnut Plaza
Carrollton, TX 75006
Ph:972-416-5902
Fax: 972-418-2214

Patient Name: _____

Address: _____

Phone: _____

Thank your for your prompt attention

Signature of Patient or Guardian

Date