WANG & JIANG MD PA

9999 Bellaire Blvd #370
Houston TX 77036
Phone: 713-270-0909
Fax: 713-270-1226

1500 S. Dairy Ashford, Ste 198
Houston, TX 77077
Phone: 281-759-0200
Fax: 281-759-4175

4320 Broadway St., Ste 100
Pearland, TX 77581
Phone: 281-485-0334
Fax: 281-485-3308

Authorization to Release Medical Records

Date: _____

Fax: _____ Tel: _____

I hereby authorize and request **WANG & JIANG MD PA** to release my medical record, include but not limited to:

□ Labs □ X-rays □ MRI □ CT □ All records or □ Others _____

To:
Name:_____
Address: _____
City: _____ State: _____ Zip:_____
Phone Number:_____ Fax: _____

Patient Name: _____ Date: _____
(Print)

Patient Signature: _____ Date of Birth: _____

Witness Name: _____ Date: _____
(Print)

Witness Signature: _____

Preparation Fee $25.00 for the first 20 pages $0.50 per additional page **Billing Records $25.00**