



# Lake Ray Hubbard Pediatrics

Newborn, Pediatric & Adolescent Medicine

## Lake Ray Hubbard Pediatrics, PA

Request for release of medical records:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby request that the medical records for:

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Be released to: \_\_\_\_\_ Vincent R. Iannelli, M.D.  
\_\_\_\_\_ Susan M. Smart, M.D..  
\_\_\_\_\_ Stacey M. Humphreys, CPNP  
\_\_\_\_\_ Kristen D. Waw, M.D.  
\_\_\_\_\_ Elena N. Chinn, M.D.

Mail to: Lake Ray Hubbard Pediatrics, PA  
9100 Lakeview Parkway  
Rowlett, Texas 75088  
972 412-3034 Office  
972 412-3695 Fax

\*Please do not fax records in excess of 15 pages. Thank you.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_