

GREATER HOUSTON DIGESTIVE DISEASE CONSULTANTS

SERGE-ALAIN B. AWASUM, M.D.

KIMBERLY LOUANGPHO MSN, APRN FNP-C

CLAUDIA FLORES, MPAS, PA-C

9200 PINECROFT DR. SUITE 480
THE WOODLANDS, TX 77380

PHONE: 281.205.1111
FAX: 281.419.2111



PATIENT REQUEST FOR MEDICAL RECORDS

PATIENT INFORMATION *(please print)*:

NAME:	Last: _____	First: _____	M.I. _____
ADDRESS:	_____	CITY/STATE: _____	ZIP: _____
PHONE:	() _____	BIRTHDATE: _____	
EMAIL:	_____		

TYPE OF RECORDS REQUESTED:

<input type="checkbox"/> PROGRESS NOTES	<input type="checkbox"/> INFUSION NOTES	<input type="checkbox"/> OPERATIVE/PROCEDURE NOTES
<input type="checkbox"/> RADIOLOGY/IMAGING REPORTS	<input type="checkbox"/> LABORATORY REPORTS	<input type="checkbox"/> ALL RECORDS
<input type="checkbox"/> OTHER (Please specify): _____		

Per the Texas Medical Board (Title 22, Part 9, Chapter 165, Rule 165.2), the following fee schedule used to cover administrative cost to prepare and provide medical records are as follow:

Medical Record Type:	Pricing	Delivery Method
Hard Copy	\$25.00 for the first 25 pages and \$0.50 per page for every copy, thereafter	1. Pick up from GHDDC Office (The Woodlands location). 2. Mailed to patient for additional fee (to be determined, once medical records are produced)
Electronic Copy	\$25.00 for 500 pages or less and \$50.00 for 500-1000 pages	Encrypted email delivery.... Patient will be contacted with encrypted email code prior to email delivery.

**Payment is required, prior to producing all medical records. Please submit this completed form to info@greaterhoustonddc.com or fax to (281) 419-2111. A representative of GHDDC will contact you to collect payment.

Please contact our office with any questions at (281) 205-1111.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS MEDICAL RECORD REQUEST AND AUTHORIZE GHDDC TO RELEASE MY MEDICAL RECORDS TO ME OR THE AUTHORIZED INDIVIDUAL LISTED BELOW.

Patient's Signature

Date

Authorized Individual's Name (please print)