



923 Pasadena Frwy, Pasadena, TX 77506
1315 St. Joseph Pkwy, Ste 1507, Houston, TX 77002
9539 Huffmeister Rd, Houston, TX 77095
Ph: 713-475-8686 Fx: 713-475-8688

MEDICAL RECORDS REQUEST

PLEASE FAX TO : (713) 475-8688

ATTN: NEW PATIENT COORDINATOR

Patient Name: _____ DOB: _____

Address: _____ City/State: _____ Zip: _____

S.S.N: _____ - _____ - _____ Phone: _____

Primary Insurance: _____ ID: _____

Secondary Insurance: _____ ID: _____

Company Requesting Records: Advocate Pain Management Center

Please fax medical records for patient in order to schedule the appointment



RECORDS NEEDED: DEMOGRAPHICS, LAST 5 OFFICE VISIT NOTES, RADIOLOGY REPORTS

(X-RAYS, MRI, CT SCANS), LAB WORK WITHIN THE LAST YEAR.

I, _____, authorize _____
(Your Name) (Previous Doctor Information)

Phone No. : _____ Fax No. _____

To disclose and provide photocopies of the health-care information indicated above from my medical records to the following party:

ADVOCATE PAIN MANAGEMENT CENTER
923 PASADENA FRWY
PASADENA, TX 77506
PHONE: (713) 475-8686 FAX (713) 475-8688

Signature of Patient

Date Signed

Authority to sign if not patient

Witness Signature