



Account #: _____

Stella Mattina Health Inc.

Phone: 214-942-3100 Fax: 469-399-0355

Locations: 1135 N Bishop Ave. Dallas, TX 75208 | 6300 Samuell Blvd, #154. Dallas, TX 75228
| 901 N. Galloway Ave. Ste 107. Mesquite, TX. 75149 | 811 W Interstate 20 Ste 212. Arlington, TX 76017 |

RELEASE OF MEDICAL RECORDS

To: _____

Fax: _____

Physicians Name (print)

Address: _____

City: _____

State: _____

Zip Code: _____

I hereby request my medical records to be released to: _____.

Please send only those records that contain information on:

Patient Name: _____

DOB (Date of Birth): ____/____/____

Address: _____

City: _____

State: _____

Zip Code: _____

(Patient PRINTED Name)

(Patient Signature)

Date: ____/____/____