



Richard S. Wilkenfeld, MD
8000 Hwy 242, Suite 123
Conroe, TX 77385
Phone: 936-441-3133
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Request for Release of Medical Records

- X Rays and Films
- Lab Results
- Test Report
- All Records

To: _____

I hereby request that my medical records be released to:

RICHARD S. WILKENFELD, MD
8000 Hwy 242, Suite 123
Conroe, TX 77385
936-441-3133
936-756-3148 fax

Date: _____

Print Patient's Name: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____