



# PRO·CARE

## MEDICAL CENTERS

### Authorization to Release Records

*Please note that this is to obtain records from a non-Pro-Care facility for continuity of care. Records are necessary to avoid duplicate treatments and tests, and to allow for the highest quality of care from our providers. You are not required to complete this form; however, it may result in delayed treatment due to repeating tests and exams.*

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Requesting Pro-Care Provider \_\_\_\_\_ Office  
Contact \_\_\_\_\_

I hereby authorize the following facility and/or provider (non-Pro-Care provider) \_\_\_\_\_  
to release the records indicated below to Pro-Care Medical Center.

Please indicate the information to be released.

- Doctor's notes
- Imaging MRI CD
- Imaging X-ray Report(s) ONLY
- Lab Report(s)
- Records obtained from other hospitals, physicians, or clinics
- Billing record(s)
- Other \_\_\_\_\_

Indicate treatment period below. If nothing indicated, please include all medical records.

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send information to the following location:

- 1015 W 39 ½ St, Austin, TX 78756, Ph: (512) 371-7478, Fax: (512) 371-3861
- 701 E Whitestone Blvd, Ste 100, Cedar Park, TX 78613, Ph: (512) 371-7478, Fax: (512) 371-3861
- 4544 S Lamar Blvd, Ste 700, Austin, TX 78745, Ph: (512) 371-7478, Fax: (512) 371-3861
- 9502 Huebner Rd, Ste 102, San Antonio, TX 78240, Ph: (210) 881-0630, Fax: (210) 641-1608
- 9727 Poteet Jourdanton Fwy, Ste 101, San Antonio, TX 78211, Ph: (210) 881-0630, Fax: (210) 641-1608
- 11900 Crownpoint Dr, Ste 112, San Antonio, TX 78233, Ph: (210) 881-0630, Fax: (210) 641-1608

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Patient Signature

\_\_\_\_\_  
Date