

Release of Medical Records

A mutual patient has asked us to petition you for a copy of any lab work they had done through your office. We are attempting to timeline all labs done through multiple offices and your cooperation is appreciated.

Mail copies to:

Dr. Dawn Ewing
17207 Kuykendahl, Ste. 151
Spring, TX 77379

Copies may be faxed to us instead at 281-251-4911.

Patient name: _____

Patient signature: _____

Date of request: _____

Holistic Health Alternatives

17207 Kuykendahl, Ste. 151

Spring, TX 77379

Phone: 281-251-4411

Fax: 281-251-4911

Email: drdawn@drdawn.net