



Richard S. Wilkenfeld, MD  
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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  
936-321-3232 fax

Date: \_\_\_\_\_

Print Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_