



**Yohmarie Cajigas, M.D.**

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## Medical Records Request

***URGENT***

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

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The below named patient has requested that his or her medical records be released to our office:

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

DOB: \_\_\_\_\_

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

Please send the MOST RECENT records including:

\_\_\_\_ Demographics/Insurance

\_\_\_\_ Laboratory Report (Please include BMP/CMP)

\_\_\_\_ Consultation

\_\_\_\_ Progress Notes

\_\_\_\_ Diagnostic Tests

\_\_\_\_ Other: \_\_\_\_\_

*For Continuation of Care*

Please Fax Reports to 346-800-1377 or via secure email [maribelr@boson360.com](mailto:maribelr@boson360.com)

I hereby authorize the release of all necessary medical records to: Yohmarie Cajigas, M.D.

Patient signature: \_\_\_\_\_

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