

SAN ANTONIO ARTHRITIS CARE CENTER

8527 Village Drive, Suite 103 - 104 • San Antonio, Texas 78217
Phone (210) 590-9596 • Fax (210) 693-1491 • www.arthritis-sa.com
Direct Messaging: saacc@direct.saacc.nextgenshare.com

Jeffrey A. Feinstein, M.D.
Kenneth F. Des Rosier, M.D.
Board Certified in Rheumatology

REQUEST FOR RELEASE OF MEDICAL RECORDS

Date: _____

To:

Physician's Name: Dr. Jeffrey A. Feinstein/ Dr. Kenneth F. DesRosier

Address: 8527 Village Drive, Suite 103/104

City/State/Zip: San Antonio, Texas, 78217

I hereby request that my medical records be released to:

Physician's Name

Address

City

State

Zip

Office telephone number

Office fax number

Patient's Name

Address

City

State

Zip

SS# _____

Patient's Signature: _____ **Date:** _____