



Medical Records Request and Authorization

I, _____, request and authorize the doctor/facility listed below to provide a copy of my medical records to Dr. Sonika Gupta.

Please provide the information of the Doctor whom we can request medical records from:

Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

Please send the records to:

Attn: Sonika Gupta, MD
Alamo Diabetes and Endocrinology
8042 Wurzbach Rd Ste 230.
San Antonio, TX 78229

Phone: 210-963-6100

Fax: 830-431-9196

Patient Name or Parent/Legal Guardian

Patient Name or Parent/Legal Guardian Signature

Date