

Georgetown Pulmonary Associates

MEDICAL RECORDS REQUEST

Request Date: _____

Patient Name: _____

DOB: _____

Attn: _____

Fax#: _____

Appointment Date: _____

Please forward the following records:

- | | |
|--|---|
| <input type="checkbox"/> PFT reports | <input type="checkbox"/> Recent Labs |
| <input type="checkbox"/> Recent Chest X-Rays (Reports and a disk disk) | <input type="checkbox"/> Recent CT Scans (Reports and a |
| <input type="checkbox"/> Recent procedural notes (Relating to the lungs) | <input type="checkbox"/> Recent hospitalization summaries |
| <input type="checkbox"/> 2D Echos (Within 3 years) | <input type="checkbox"/> Stress Test (Within 3 years) |
| <input type="checkbox"/> Oxygen Saturations (Within 6 months) | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Patient demographics | <input type="checkbox"/> Other: _____ |

Patient Signature & Date

Please contact our office @ 512-819-0132 if you need any further information. Thank you.

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