

TEXOMA FOOT AND ANKLE SPECIALISTS

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TRANSFER OF RECORDS REQUEST

PATIENT NAME

DATE OF BIRTH

PATIENT PHONE

In accordance with the HIPAA legislation, I am exercising my right to access my PHI in the form of medical records created in your office. **Please send my medical records to Texoma Foot and Ankle Specialists at the address or fax number above.** I am requesting that the following be sent:

- Face Sheet (demographics and basic information)
- Office Visit Notes
- X-ray images
- Surgical/ Operative care reports
- Pathology reports

Please send records dated from _____ to _____

I understand that any fee for medical records must be paid by me, and Texoma Foot and Ankle Specialists is not liable for any fees.

RECORDS HOLDER:

OFFICE/ PHYSICIAN NAME

FAX NUMBER

PHONE NUMBER

- Please call me (the patient) once records have been sent.

PATIENT SIGNATURE

TODAY'S DATE