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## TRANSFER OF RECORDS REQUEST

*(from another office to Texoma Foot & Ankle Specialists)*

\_\_\_\_\_  
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 the office indicated above, using 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 the office indicated above is not liable for any fees that may apply.

RECORDS HOLDER:

\_\_\_\_\_  
OFFICE/ PHYSICIAN NAME

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
PHONE NUMBER

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

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
TODAY'S DATE