round rock children's therapy center

phone: 512-341-9991
fax: 512-727-0446

901 Round Rock Avenue
Building E
Round Rock, TX 78681

mbalthazor@rrchildrenstherapy.com
www.rrchildrenstherapy.com

REQUEST FOR RELEASE OF HEALTH INFORMATION

Please send the following records upon receipt of this request:

□ Copy of Complete Medical Record

□ Results of Evaluation or Re-Evaluation

□ Other applicable information (ex. progress summary, goal update, additional testing)

Patient name: _____ DOB: _____

Address: _____

I, _____ authorize

Ms. _____ at

_____
Practice Name

_____
Address

_____ _____
Phone Fax

to release my records as noted above to:

Round Rock Children's Therapy Center
901 Round Rock Ave Building E
Round Rock, Texas 78681
Phone: 512.341.9991
Fax: 512.727.0446
www.RRChildrensTherapy.com

_____ _____
Signature Date