

Personal Success Wellness
Permission Release Medical Records

Release of Medical Records

Please forward a copy of my medical records (lab work, progress notes, EKG, radiology) from

To: Evelyn Ding, M.D.

3403 Glenview Ave.
Austin, TX 78703
Telephone: 512-914-6823
Fax: 512-451-9362

Printed Name _____ DOB _____

Signature _____ Date _____