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**Louetta Foot & Ankle Specialist, P.A.**

Podiatric Medicine & Surgery

*Brad Bachmann, DPM*

*Michelle Stern, DPM*

*Amy Walsh, DPM*

**Louetta**

8681 Louetta Rd. #150  
Spring, TX 77379  
PH: 281-370-0648  
FX: 281-251-3350

**Tomball**

13414 Medical Complex Dr. #11  
Tomball, TX 77375  
PH: 281-351-5599  
FX: 281-516-9386

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**REQUEST FOR MEDICAL RECORDS**

Patient Name: \_\_\_\_\_

Patient D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

**I hereby request that my medical records be released from:**

\_\_\_\_\_Brad Bachmann, DPM      \_\_\_\_\_Michelle Stern, DPM

\_\_\_\_\_Amy Walsh, DPM

Please fax to: \_\_\_\_ 281-251-3350      \_\_\_\_ 281-516-9386

Or \_\_\_\_\_ Mail

**Please release records to:**

Physician name, phone number, fax number, and/or address below.

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please release information covering the time frame:**

From date: \_\_\_\_\_ To date: \_\_\_\_\_

\_\_\_\_ Entire Record      \_\_\_\_ Operative Reports      \_\_\_\_ Pathology Reports

\_\_\_\_ History/Physical      \_\_\_\_ Laboratory Reports      \_\_\_\_ Progress Notes

\_\_\_\_ Consultation Reports      \_\_\_\_ EKG      \_\_\_\_ X-ray/MRI/CT Reports

\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or legal representative

\_\_\_\_\_  
Date Signed

