



Matt Fay, MD  
Anas Alomar, MD

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**PLEASE RELEASE MY MEDICAL RECORDS  
TO THE FOLLOWING:**

**HeartPlace North Hills**  
4375 Booth Calloway, Suite 400  
North Richland Hills, Texas 76180  
**Phone:** (817) 284-3915  
**Fax:** (817) 590-2593

*Thank you for your assistance in this matter.*

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**Patient Name (PLEASE PRINT)**

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**Last 4-digits of SS#**

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**Patient Signature**

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**Patient D.O.B.**

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**Date Signed**