

## Medical Record Request

There a quite a number of very competent local medical providers who may be willing and interested to assume responsibility in providing medical care to you. You may find their name and contact information through your health insurance company or the Tarrant County Medical Society.

TrinityXpressMed medical records may be transferred to your new provider by completing a release form in your new provider's office or by filling out the form below requesting transfer directly from our office. Should you prefer to pick up a copy of your medical record, please fill out the form below and be sure to include your contact telephone number so that our offices may reach out to you once your file is prepared.

**Please provide a picture ID/Drivers License copy with this request.**

**This release filled out in its entirety, accompanied with ID requirement-**

**-May be mailed to TrinityXpressMed, 6080 S Hulen St, Ste#360, PMB 192, Fort Worth, TX 76132**

**-Faxed to: 817-423-1481**

**Telephone and voicemail requests will not be honored**

**Record copy requests via walk in will not be available**

### Medical Records Authorization Release Form

I, \_\_\_\_\_, (Circle one: Patient or Parent of Minor Child),  
Date of

Birth: \_\_\_\_\_, last four of Social Security# \_\_\_\_\_, am authorizing  
TrinityXpressMed, to release medical records for (If Minor Child),  
\_\_\_\_\_,

Date of Birth: \_\_\_\_\_, last four of Social Security# \_\_\_\_\_

To:

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

Mailing Address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_