

Neurology Associates of Katy, PLLC.

19255 Park Row Dr, Suite 101, Houston, TX 77084

Tel: (281) 816-6455.

Fax: (281) 914-4361

Atta Rehman, M.D

Board Certified in Neurology

Board certified in Vascular Neurology (Stoke)

Certified in Neuroimaging

Patient Information

Name: _____

Date of Birth: _____

Phone #: _____

Social Security Number: _____

I Authorize: Dr. Atta Rehman

_____ All Medical Records Requested
other _____

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To Release Information TO

_____ To Obtain Information FROM

Facility Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

I understand that this release includes all information in my medical records. These records may contain information concerning emotional or mental conditions, drug abuse or alcoholism, HIV (AIDS) testing or results, or sexually transmitted diseases.

Patient Signature

Date

This is a standard release form and does not imply that any of the items mentioned above are necessarily present in your medical records.