

# Harmony Family Health

**Daniel J. Chartrand, MD**

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404 North Church Street  
McKinney, Texas 75069

**Request for release of medical records:**

Patient's Name:

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Date of Birth:

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Physician's Name:

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Street Address:

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City:

State:

Zip:

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Telephone:

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Fax:

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**This is to authorize your office to release to Dr. Daniel J. Chartrand a copy of the medical records of the above named patient.**

**Requested By:**

Patient / Guardian Signature:

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Date:

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