INSTRUCTIONS FOR COMPLETION:
Please complete this form to request the transfer of your medical records to Dr. Mootha's new practice, North Texas Urology. If you would like to pick up your records in person, please check the box below. We ask that you make a follow-up phone call to confirm that your request has been received by his old practice, Collin County Urology.

Please mail or fax this completed form to:

Collin County Urology
1220 Coit Road, Suite 106
Plano, Texas 75075

Tel 972-596-6733
Fax 972-964-3591

AUTHORIZATION TO TRANSFER MEDICAL RECORDS

I hereby authorize Collin County Urology to transfer my medical records to Dr. Ravi Mootha at his new practice, North Texas Urology.

Patient Name: _____

Date of Birth: _____

Please release the following items from the last 3 years:

History/Physical Exam	Progress Notes
X-Ray reports	Laboratory results
Pathology results	Surgery reports
Correspondence reports.	Urodynamic studies (tracings)

I authorize that these records may be sent to Dr. Mootha's office by either fax, mail, or hand delivered by his staff to:

North Texas Urology
2821 E. George Bush Hwy, #305
Richardson, Texas 75082
972-235-3984 (Fax) 972-235-3248 (Tel)

☐ If checked, I prefer to pick up my records in person. I request that Collin County Urology make copies of my medical records for me to pick up.

I understand that the information released will be for the purpose of continuing medical care. I understand that this is a voluntary authorization, and I can refuse to sign this authorization. I understand I can revoke this authorization at any time with a written request.

_____ _____
Signature of Patient or Legal Representative Date

_____
Relationship to Patient (if Legal Representative)