J.J. Saenz, M.D. ●Daniella Rodriguez-Rico, M.D.● Jennifer E. Saenz, M.D.
Marla Garza, PA-C ● Melissa Ledesma, PA-C ●Erica Tijerina, PA-C

Authorization For Release of Medical Records

Today's Date: _____

Requesting Records From: _____

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Please send:
- ☐ Entire Record
- ☐ Labs/X-Rays
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To : Pediatric Center at Renaissance
2821 Michaelangelo, Suite 102
Edinburg, Texas 78539

For Patient's Name: _____ Date of Birth: _____
(Nombre del Paciente) *(Fecha de Nacimineto)*

For Patient's Name: _____ Date of Birth: _____
(Nombre del Paciente) *(Fecha de Nacimineto)*

Signature of Parent or Guardian: _____
(Firma del Padre o Tutor)

Relationship to Patient: _____
(Relacion con el Paciente)

For Office Use Only

Requested By: _____

2821 Michaelangelo Dr. Suite 102 ● Edinburg, Texas 78539
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