



Northwest Houston Heart Center

A. Adnan Aslam, MD FACC, FSCAI

308 Holderrieth, Tomball, Texas 77375 - Tel: 281.351.4911 - Fax: 281.351.4915

Dr. _____

Re: Authorization to release medical records for: _____

DOB: _____ SSN: _____

Dear _____,

I am writing to authorize Northwest Houston Heart Center to obtain my medical records on my behalf. Please send my medical records by mail to:

Northwest Houston Heart Center, PA

A. Adnan Aslam MD

308 Holderrieth,

Tomball, Texas 77375

or by Fax to 281.351.4915

Patient Signature: _____

Witness Signature: _____