



*Kristin Story Held, M.D.*

18586 SIGMA ROAD, SAN ANTONIO, TX 78258  
TELEPHONE 210-490-6759 || FAX 210-490-6507

**REQUEST FOR MEDICAL RECORDS**

Please send a copy of this patient's complete ophthalmic to: Stone Oak Ophthalmology Center or  
OTHER medical records

I hereby authorize: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to disclose the above information to Kristin Story Held, M.D., in furtherance of this authorization,  
I do hereby waive all provisions of law and privileges relating to the disclosures hereby  
authorized.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Patient's name (please print)

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Patient's signature (or responsible party)