

**Mary Alice Volkert & Associates**  
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Bellaire, TX 77401-4111  
Phone (713) 668-2759 Fax (713) 668-2762

\_\_\_\_\_, MD  
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Dear Dr. \_\_\_\_\_,

I, \_\_\_\_\_, hereby release any medical records or laboratory work to **Mary Alice Volkert, RD, CDE, LD**, for my appointment.

Sincerely,

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date