

Clear Lake Medical Center ENT would like to thank you for assisting in the efforts of creating a circle of care for our distinguished patients. To continue in these efforts, we would like to request the following documents be sent to complete our patients file.

PATIENT: _____

DOB: _____

Send to: _____

Requesting from: _____

- ◇ Outpatient Progress Notes _____
- ◇ Operative Report _____
- ◇ History & Physical _____
- ◇ Pathology Report _____
- ◇ Cumulative Labs _____
- ◇ Diagnostic Imaging _____

Please fax these documents to our secure EMR Fax at 281-554-4722

Attn: **Jenny**

We greatly appreciate your assistance in providing the aforementioned information, and look forward to caring for our mutual patient.

Patient signature: _____ Date: _____

Kind regards,

Dr Caroline Yoon

Dr Melissa Hu

Mia Stokes PA-C

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17099 N Texas Ave Ste 200

Webster, Tx 77598

P: 281-332-4575 F:281-554-4722