

Patient Request for Copy of Medical Records

Telephone: 469-893-6111 Please fax to: 972-416-2234

Patient Name:	Patient DOB:
Patient Address:	
Hahnemann Doctor's Name:	
	of my medical records from Hahnemann Physician Practices. Please ne following physician's office, or if left blank below, then please send to
Name of Physician:	·
Address of Physician:	
Thank you,	
Patient Signature	 Date

# List of Hahnemann University Hospital Physician Practice Plan Providers:

#### Cardiology

Sahil Banka, MD Chiduzie Madubata, MD William Kussmaul, MD

## **CT Surgery**

Joseph Costic, DO Wade Fischer, MD Glenn Laub, MD

### **Primary Care**

Jessy Ang, MD Howard Brooks, DO Elizabeth Cerva, DO Rong Ji, MD Keino Johnson, DO Angelique Mason, CRNP

## Urogynecology

Kristine Whitmore, MD

## Hepatology/Transplant

Linda Golding, PA-C Stephen Guy, MD Santiago Munoz, MD Vishal Patel, MD David Reich, MD Andres Riera, MD Kenneth Rothstein, MD Manish Thapar, MD Roberto Velasco, CRNP Gary Xiao, MD

## **Radiation Oncology**

Lydia Komarnicky, MD Jaganmohan Poli, MD Robert Krisch, MD Richard Stabile, MD

#### **Orthopedics**

Kimberly Accardi, MD
Kevin Gingrich, MD
Susan Harding, MD
Norman Johanson, MD
Amrit Khalsa, MD
Vincent Moretti, MD
Mary Mulcahey, MD
Corey Ruth, MD
Mitesh Shah, MD
John Taras, MD
James Tom, MD
Jay Zampini, MD

### <u>Trauma</u>

Richard Burns, MD James Eakins, MD Marcin Jankowski, DO Brendan McCracken, MD Alberto Nunez, MD