

Empower Rheumatology LLC.

Shirley Wang, MD, FACR, FACP

14300 Metcalf Ave, Ste. 101

Overland Park, KS 66223

Tel: 913-210-5400

Fax: 913-393-4282

Date: _____

Medical Records Release Request

I, _____ with Date of birth _____, hereby authorize
_____, to release patient demographic page, copy of
insurance card, (2) most recent office notes, labs and imaging reports to Dr. Shirley Wang,
Empower Rheumatology LLC.

Dr. Wang's FAX: 913-393-4282.

Thank you,

Client Signature

Date