



Top Care Medical Group Inc.

March 2, 2023

Dear patient,

As of April 13, 2023, I will be departing my current practice at Clinicas Mi Doctor at 5835 Bissonnet St. Bellaire, TX 77401. It has been a great pleasure providing for your health care needs.

Medical providers Iliana Rodriguez, FNP and Peter Tran, PA-C will continue to see all current and new patients.

Your medical records are confidential, and a copy can be transferred to another doctor or released to you or another person you designate only through your permission. If you plan to continue receiving medical care at this location you will not have to fill out an authorization form to release your files to any of the current medical providers listed above on your next visit.

If you choose to see a different healthcare provider, please ask our Practice Manager or front office staff for assistance in obtaining the authorization form and return it to our office. Your records will remain on file at this location.

I have greatly valued our relationship, and thank you for your trust and opportunity to serve you. For further information, questions, or comments contact us at 713-715-4440.

Sincerely,

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to read 'Pedro Alvarez'. Below the signature, the date '3/3/23' is written in the same ink.

Pedro Alvarez, MD



Top Care Medical Group Inc.

3 de marzo 2023

Querido paciente,

A partir del 13 de abril de 2023 partiré de mi práctica en Clinicas Mi Doctor ubicada 5835 Bissonnet St. Bellaire, TX 77401. Ha sido un placer servir a usted en sus necesidades médicas y de salud.

Proveedores medicos Iliana Rodriguez, FNP y Peter Tran, PA-C continuará viendo a pacientes actuales y nuevos de esta clínica.

Sus registros médicos son confidenciales y usted puede solicitar una copia para su propia documentación o bien, ser transferida ya sea a su nuevo doctor o a otra persona designada con su permiso. Si desea continuar visitando esta clínica, no hay necesidad de solicitar sus registros médicos.

Si desea que otro proveedor lo vea, favor de pedirle a la recepción de esta clínica que sea de asistencia en obtener esta forma de autorización. Su récord médico se mantendrá en nuestros archivos en esta ubicación.

Agradezco la oportunidad de poder atenderle y otorgarme su confianza para poder servirle. Para mayor información, preguntas o comentarios, favor de contactarnos al 713-715-4440.

Sinceramente,

A handwritten signature in black ink, appearing to be 'Pedro Alvarez', with the date '3/3/23' written below it. The signature is written over a horizontal line.

Pedro Alvarez, MD