

Top Care Medical Group Inc.

November 20, 2023

Dear Parent,

As of December 21, 2023 I will be departing my current practice at Pediatric Associates located at 4501 Groveway Dr, Houston, TX 77087. It has been a great pleasure providing for your child's health care needs.

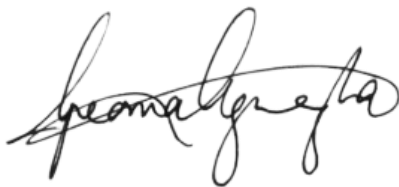
Our existing team of healthcare providers will continue to care for all current and new patients.

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.

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 for the opportunity to serve you. For further information please contact us at 713-644-1568.

Sincerely,

A handwritten signature in black ink, appearing to read "Ijeoma Oguagha". The signature is fluid and cursive, with the first name "Ijeoma" being more prominent and the last name "Oguagha" following in a similar style.

Ijeoma Oguagha, MD

20 de noviembre de 2023

Querido padre,

A partir del 21 de diciembre de 2023 partiré de mi práctica en Pediatric Associates ubicada 4501 Groveway Dr, Houston, TX 77087. Ha sido un placer servir sus necesidades médicas y de salud.

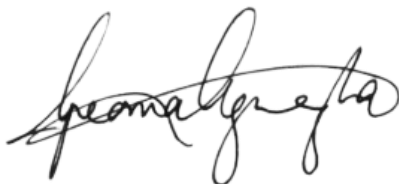
Nuestro equipo de proveedores de atención médica continuará viendo a pacientes actuales y nuevos de esta clínica.

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 a usted. Para mayor información, preguntas o comentarios, favor de contactarnos al 713-644-1568.

Sinceramente,

A handwritten signature in black ink, appearing to read 'Ijeoma Oguagha', written in a cursive style.

Ijeoma Oguagha, MD