



724 Pennsylvania Ave
Fort Worth TX 76104

We are going to start a patient portal soon, if you would like to get online to see your medical records please add your email. If you don't then just write in NO. Thanks

*****PLEASE PRINT YOUR NAME, DOB AND EMAIL.**
PLEASE MAKE IT CLEAR TO WHERE WE CAN READ.
Thanks.

Patient Name: _____

Date of Birth: _____

Email Address _____

Thank you,
Dr. Greg Phillips
Lacy Voth PA
Dr. Robert Keller