PRIMECARE 360

Version 1.0.0
Updated Jan 2026

Medication and Allergy List

Please complete medication list prior to visit, as this will be reviewed prior to you seeing the provider.
If there is a medication that you cannot recall the name, dose, or regimen for, please notify the medical assistant so they may notify the provider. ****Please include all supplements or over the counter medications.*

Allergies: ______________________________

Medication	Dose	Frequency	Route, Other Details

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Medical Records Request Form

By signing this form, I authorize the indicated medical provider to release confidential medical records of the patient as indicated below. This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Print Name of Patient: _____ Date of Birth: _____

Please list the provider/organization name, address, phone number, and fax number.

_____

_____

_____

_____

PLEASE RELEASE THE REQUESTED P.H.I. TO THE FOLLOWING PROVIDER/ENTITY:

Primecare 360
940 W Stacy Rd Suite 110, Allen, TX 75013 Ph : (214)-833-3100 Fax : 972-992-2428
9229 Lebanon Rd, Frisco, TX 75035 (469)-789-2595 Fax : 972-992-2428

Allen Location Email : allen@prime360care.com

Frisco Location Email : frisco@prime360care.com

LAST 3 YRS OFFICE VISITS AND LABS

Please send all records including, but not limited to, Lab Results, Scans/Imaging, Office Notes, Medication lists or other relevant information.

PLEASE DO NOT SEND CD'S

Patient Name (Print): _____ Date: _____

Patient/Guardian Signature: _____ Relationship: _____