

**PATIENT INFORMATION:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SSN # \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE; \_\_\_\_\_ EMAIL \_\_\_\_\_

**REQUEST FOR MEDICAL RECORDS TO BE TRANSFERRED:**

**TO / FROM (circle)**

Health Care Facility    Physician    Self    Lawyer    Disability Company    Other \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE; \_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_ COMPLETE MEDICAL RECORD \_\_\_\_\_ OFFICE NOTES \_\_\_\_\_ LAB REPORTS

\_\_\_\_\_ MRI REPORTS \_\_\_\_\_ X-RAY REPORTS \_\_\_\_\_ CONSULTATION REPORTS

\_\_\_\_\_ SURGICAL REPORTS \_\_\_\_\_ PHYSICAL THERAPY NOTES

\_\_\_\_\_ OTHER \_\_\_\_\_

FOR THE DATE TO INCLUDE \_\_\_\_\_ TO \_\_\_\_\_ OR \_\_\_\_\_ ALL TIME

Please note that there is a copying fee of \$0.76 per page with a \$10.00 processing fee for each request. Same day "STAT" requests when the patient is waiting in house will be charged a \$25.00 processing fee.

There will be no charge for us to send medical records to another providers office. This process usually takes from 2 – 5 business days.

\_\_\_\_\_  
PATIENT / PARENT / GUARDIAN SIGNNATURE

\_\_\_\_\_  
DATE