



86 THOMAS JOHNSON COURT
FREDERICK, MARYLAND 21702
OFFICE: (301) 694-8311
FAX: (301) 694-3537
medicalrecords@mmidocs.com

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