
MEDICAL RECORDS REQUEST

To: _____ Attention: Medical Records

Fax: _____ Date: _____

Re: Request for Medical Records _____ No. of pages (including cover sheet): 1

Please fax the following records to our office:

- Last three office notes
- Initial evaluation
- Medication log
- Radiology report

Patient Information

Last Name	First Name	MI
Date of Birth	SS #	

Delivery Instructions

Fax the records to the our office at the number indicated below.

Provider	Direct Fax
Contact Person	Direct Phone
Please RUSH (patient is at our office)	Send By _____ 2nd Request
Comments	

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