Medical Records Release

Please note that if we are releasing records to the patient, we do charge a $25.00 fee for the first twenty pages and $.50 per page for every copy after that.

Deadline for Release of Records: The requested copies of medical and/or billing records or a summary or narrative of the records shall be furnished by the physician within 15 business days after the date of receipt of the request and reasonable fees for furnishing the information.

ALL INFORMATION MUST BE COMPLETELY FILLED

Patient Information:

Name: _____

Date of Birth: _____

Phone Number: _____

Please release records to:

Name: _____

Address: _____

Fax: _____

Phone Number: _____

Obtain records from:

Name: _____

Address: _____

Fax: _____

Phone Number: _____

I am authoring the request of my medical records to be released, obtained from another medical office, or release to myself. I understand that my medical records are for the use by the recipient above or myself.

Patient Signature: _____ Date: _____