

STEP-BY-STEP INSTRUCTIONS TO COMPLETE A WRITTEN REQUEST FOR RECORDS

On your request, please note the following:

Date of Request

Your Name or Patient Name

Date of Birth

Specify what records you are requesting (Please include dates or approximate month/year.)

Identify where you want the records sent (Records cannot be faxed to homes or places of business)

Signature

(If patient's representative, please state your relationship)

06/14/08

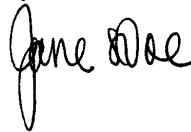
Jane Doe

DOB: 03/17/60

Please mail a copy of my lab results of 02/14/08 to my home at the following address:

1234 Main Street
Anywhere, CA 92345

Sincerely,



If you are requesting records to be sent to a physician's office, please note the physician's name, address, telephone number and fax number.

03/20/08

John Doe

DOB: 07/04/76

I request a copy of my emergency department records from 01/01/00 sent to the following physician.

Dr Charles Smith
1234 Broadway Ave
Anywhere, CA 92345
(949) 555-2345
(949) 555-6789 - fax

Sincerely,

