



Office use only:

Date records picked up: \_\_\_\_\_

Records released by: \_\_\_\_\_

### REQUEST FOR MEDICAL RECORDS

It is the policy of Desert Cardiology Consultant's Medical Group, Inc., to provide a copy of medical records to our patient's at no charge (one copy). Upon receiving signed and dated requests, medical records will be copied and given to you within ten (10) work days. If records must be ***immediately*** copied, there will be a ***\$25.00 charge***.

If you have questions concerning your records requests, please call 760-346-0642 ext. 267.

Please complete the following information so that we may accommodate your need for a copy of your medical record (**please print**).

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Check One:

Recent Records (please indicate dates requested)

From: \_\_\_\_\_ to \_\_\_\_\_

Other (please indicate)

All Records

Check One:

When records are ready to pick up at Desert Cardiology Center, please call me at:

( ) \_\_\_\_\_

Mail records to me at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date