

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

On your request, please note the following:

Date of Request

06/14/08

Your Name or Patient Name

Jane Doe

Date of Birth

DOB: 03/17/60

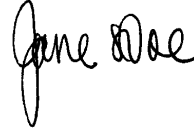
Specify what records you are requesting (Please include dates or approximate month/year.)

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

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

Sincerely,



Signature

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

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,

