

Medical Record Request - Outgoing

TO:

**Windsor Regional Medical Associates, LLC
300A Princeton-Hightstown Road Ste 102
East Windsor, NJ 08520**

I _____ hereby request and authorize you to send copies of
(Patient's Name)

my patient record consisting of progress notes, laboratory reports, radiology reports, hospital summaries and consultant physician letters from the past two years or the specific documents I have described below to the party I have listed. I understand this process will be performed expediently but that it may take up to 30 days for the records to be sent once my written request is received. I acknowledge that there may be a fee for this service and if so I agree to pay such fee before my request is processed.

Reason I want information disclosed (example: changing doctors, disability claim, life insurance application):

Please note that if you are transferring records to a new physician it is important to ensure you have a chart or appointment with that physician prior to requesting records so that the new office doesn't discard your records.

(Optional) If your request is for any specific information or documents please explain below:

I would like this information sent to:

Name _____

Phone # _____ Fax # _____

Address:

Signature of Patient

Date

Print Patient Name

Patient's Date of Birth

Expiration date of request will be 1 year from today's date or as specified here: _____