

Request Letter for Medical Records



Personal Information

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Phone Number: _____ Patient Email Address: _____

Request

I am writing to request copies of my medical records from Activated Family Chiropractic & Wellness. I have been a patient at your facility and require these records for personal use and/or continuation of care with my new healthcare provider.

Dates of Service Requested: _____

Please include the following records:

- Medical Records & Examinations
- Medical Billing

I understand there may be a fee associated with processing this request. Please inform me of any costs, and I will promptly provide payment. If possible, I would prefer the records to be sent by one of the following methods (select one):

- Paper Copies: In-Person Pick up
- Paper Copies: Mailed to Patient Address for an additional Fee
- Electronic: Accessed via the Patient Portal in JaneApp

Patient/Guardian Signature: _____

Print Name: _____ Date: _____