

松柏中醫協會
Pine Street Clinic
SINCE 1982

REQUEST FOR MEDICAL RECORDS

Today's Date: _____

Dear Dr. _____

I would like to collect and file copies of my medical records related to my care at your offices. This will enable me to be helpful in coordinating the work of everyone involved in my care. I would also like for everyone that I see to have the fullest possible information about my medical history.

Please send these records to:

Michael Broffman, LAc

Pine Street Clinic
124 Pine Street
San Anselmo, CA 94960
Fax: (888) 454-4034
Tel: (415) 485-0484 x 1

Michael McCulloch, LAc, MPH, PhD

Pine Street Clinic
124 Pine St
San Anselmo, CA, 94960
Fax: (206) 338-2391
Tel: (415) 485-0484 x 7

Please send me a copy of my entire file, including:

Pathology reports
Results of all blood work and urinalyses
Discharge summaries from hospital stays
Typed summaries from other specialists whom I've seen, that are in your files for me
Radiology reports
Results of screening and diagnostic procedures
Progress notes from follow-up visits (typed only; no need for hand-written notes)

Thank you in advance for helping me with my request. Also, thank you for the time and attention you give me at my visits with you. I look forward to our next appointment.

Sincerely,