



Personal Physician Care, P.A.

4800 Linton Blvd., Suite F-107

Delray Beach, FL 33445

Phone: 561-498-5660 – Fax: 561-498-0753

REQUEST FOR MEDICAL RECORDS FORM

Date: _____

RE: REQUEST FOR MEDICAL RECORDS

To: _____

I, _____ hereby request that my medical records be released. Include all information about my health including, but not limited to, AIDS and/or AIDS related complex, psychiatric, alcohol or drug abuse information. Be sure to include x-rays, EKG, lab studies, etc. Release them to:

Personal Physician Care, P.A.
4800 Linton Blvd., Suite F-107
Delray Beach, FL 33445

Patient's Signature

Patient's Social Security Number

Length of Hospital Stay

Thank you for your prompt attention to this matter.