



REQUEST FOR MEDICAL RECORDS

DATE _____

I, _____, _____, request that:
PRINT Patients Name Date of Birth

Release my medical records to: _____, M.D.

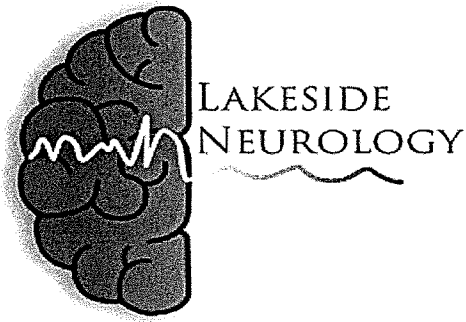
Lakeside Neurology, P.C.
1100 Northside Forsyth Dr. Ste 440
Cumming, GA 30041
Fax: 470-839-2435 Phone: 770-203-4881

This permission will remain in effect until I revoke it in writing.

Patients Signature _____ Date _____

Other signature if required _____

Relationship to patient _____



**PATIENT REQUEST FOR MEDICAL INFORMATION
FROM
LAKESIDE NEUROLOGY PC**

I, _____, (_____), request to have a
Print Patient Name **Date of Birth**

Copy of my medical records released to:

I authorize the release of any medical information, including information related to psychiatric care, drug and alcohol abuse and HIV/AIDS confidential information, with this signed request.

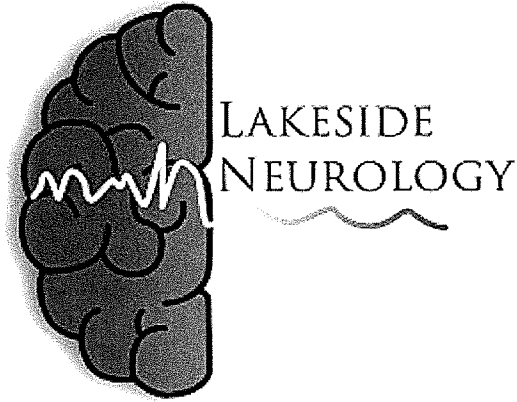
Signature of Person giving consent

Date signed

Relationship if not the patient

Patient not able to sign due to:

08-18



**LAKESIDE NEUROLOGY, P.C.
Individual Request for Access to Records**

I hereby request that **Lakeside Neurology P.C.** provide me with access to **Lakeside Neurology, P.C.'s** records about me (or the patient for whom I am the legal representative) as follows:

Review my records in person at Lakeside Neurology, P.C.'s office. I understand that I may receive my billing and medical records. I want to review my:

_____ Billing Records _____ Medical Records _____ Both

Receive a copy of my medical records. I want copies of my:

_____ Billing Records _____ Medical Records _____ Both

Please note: You may be charged a fee for the cost of copying your records. Plus postage if applicable.

Receive a summary or explanation of my records. I would like a summary of my:

_____ Billing Records _____ Medical Records _____ Both

Please note: You will be charged a fee for preparation of the summary.

Patient name: _____ **DOB** _____
(Print Name)

Social Security _____ **Dates of Treatment: From** _____ **to** _____

** _____ **
Signature of Patient **Date Records were P/U**

Legal Representative/Signature **Relationship**
Records prepared on _____ **By** _____
Date **Initials**