MEDICAL RECORD REQUEST - PLEASE FAX TO 203-324-4743

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203.324.4747

Records Requested from	
Request Faxed to	
Request Sent on	
Records Being Requested:	

The patient acknowledges that he/she may be responsible for any reproduction cost of the records being requested.	
Patient or Legal Representative Authorizing the Release of the Requested Medical Records	
Signature	
Date of Birth	
Telephone	
Date	