



East Orlando
ANIMAL HOSPITAL

Medical Record Request Form

I hereby request a copy of my medical records and lab reports. I understand that every attempt will be made for the records to be processed the same day of request, but that request this may take up to 72 hours to be completed.

I NEED MY RECORD:

As soon as possible, but no rush.

No later than ___/___/____. If this is less than 72 hours of request, I understand that every effort will be made to adhere to this request, but this is not a guarantee.

PLEASE RELEASE ACCORDING TO THE FOLLOWING INSTRUCTIONS:

Forward to the following address:

Name

Address

City, State, Zip

Fax to the following number:

I will pick up records on ___/___/____.

I authorize _____ to pick up my record on ___/___/____.

I AM REQUESTING MY PET'S RADIOGRAPHS (X-RAYS).

Forward images to requesting doctor. (no charge, please provide email for new clinic or have new clinic call to request and provide email.)

A CD Rom of the digital x-ray or the original x-ray (\$10 fee).

REASON FOR REQUEST

Please keep my file active (I will continue to visit this office).

Please inactivate my file. (I will not be coming back to this office, but my chart will remain in this office for 3 years).

SIGNATURE

Owner's Name Print

Owner's Signature

Date

Admin. Approval

Emp. Initial