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**Medical Records/Billing Records Request Form**

**There is a \$35.00 fee, payable in advance, for obtaining medical records which are not requested by a medical provider. To avoid this charge, please have your physician request your records directly from our office to theirs.**

**There is no charge to request a copy of your financial statement.**

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\_\_\_\_\_ **Please send me a copy of my medical records.**

\_\_\_\_\_ **Please send me a copy of my billing statement.**

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax:** \_\_\_\_\_

**\*You may pay for medical records by phone at: 415-461-4000.\***

**\*Master Card or Visa are accepted.\***