THE CENTERS FOR ADVANCED
ENT CARE
Potomac ENT & Allergy

Request for Medical Records

14000 Crown Ct #201 | Woodbridge, VA 22193
Tel: 703-499-8787 | Fax: 703-499-8222

I, _____, hereby request and authorize Potomac ENT a Division of CAdENT to release my medical records to:

[ ] Myself/Patient [ ] Doctor/Practice [ ] Other

Please Indicate Name/Practice & address to which records will be sent to:

_____

_____

My Full Name: _____
Date of Birth: _____ Social Security No: _____
Street Address: _____
City, State, Zip: _____
Telephone #: _____

[ ] I would like ALL my medical records.
[ ] I would like a specific office visit, lab report, or other type of document.

*Please Indicate what specific document and date:

_____

I am requesting my records because:
[ ] I am Moving [ ] I am transferring practices [ ] Another physician requests it
[ ] Other Reason: _____

I need my medical records by: _____**

[ ] I would like to pick up my records in person.
[ ] I would like my records faxed to: _____
[ ] I would prefer that copies of my records be mailed to the above physician's office.

I understand by signing this document that I am allowing Potomac ENT a Division of CAdENT to release the stated documents I have requested. I also understand that I am subject to any fees associated with the processing of these records which are listed below. I also understand that this fee is due prior to the records being released and will either call with credit card information or mail a check in for the total due.

Charges for Medical Records: $10 Search Fee | $0.50 per page up to 50 pages | $0.25 per page after 50 pages

[ ] $10 Search Fee | [ ] $0.50 # of Pages: _____ | [ ] $0.25 # of Pages: _____

Total Amount Due: $_____ OR [ ] No Charge for Records

Name Printed: _____
My Signature:_____ Date:_____

Note: Processing medical records can take up to 2 weeks from the requested date