

Bhupendra R. Patel MDSC

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Web: www.PatelMedicalEsthetics.com or www.PatelFamilyDentist.com

Date:
To Whom It May Concern:
Family medical and Dental clinic will promptly submit the requested medical records, upon eceiving the proper information. We request a consent form signed by our patient to release information to your party.
Our medical records request fee is 50.00. We will be happy to respond to your request upor eceiving the necessary information.
Thank you.
Office management

Form: Medical Records Request Form.doc

Rev: 03/27/2012