



MMI • Mid-Maryland Musculoskeletal Institute

86 THOMAS JOHNSON COURT
FREDERICK, MARYLAND 21702
OFFICE: (301) 694-8311
FAX: (301) 694-3537

CHART # _____

Medical Records Email : medicalrecords@mmidocs.com

PATIENT INFORMATION:

NAME: _____ DATE OF BIRTH: _____

SSN #: _____ STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

REQUEST FOR MEDICAL RECORDS TO BE TRANSFERRED:

TO / FROM (circle)

Health Care Facility Physician Self Lawyer Disability Company Other _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX # _____

- _____ COMPLETE MEDICAL RECORD
- _____ OFFICE NOTES
- _____ LAB REPORTS
- _____ MRI REPORTS
- _____ X RAY REPORTS
- _____ CONSULTATION REPORTS
- _____ SURGICAL REPORTS
- _____ PHYSICAL THERAPY NOTES
- _____ OTHER _____

FOR THE DATE TO INCLUDE _____ TO _____ OR _____ ALL TIME

Please note, there is a copying fee of \$0.76 per page with a \$10.00 processing fee for each request. Same day "STAT" requests when the patient is waiting in the office will be charged a \$25.00 processing fee.

There will be no charge for us to send medical records to another provider's office. There will be no charge for active military. There will be no charge for the first request from discharged patients. This process usually takes from 2 – 5 business days. Requests will be cancelled 21 days after we contact you for payment and pickup.

PATIENT / PARENT / GUARDIAN SIGNATURE

DATE