



## MMI Division

86 THOMAS JOHNSON COURT  
FREDERICK, MARYLAND 21702  
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CHART # \_\_\_\_\_

Medical Records Email : [medicalrecords@mmidocs.com](mailto: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