

Medical Chart Request by Patient



Patient Information	
Full Name*	
Date of Birth*	
Contact Number*	
Email*	

Provider Information	
Doctor or Practice Name	
Doctor Office Phone	
State	

Timeframe	
Specific Calendar Year(s)	
All Years available	

Disclaimer
The contents of this message, together with any attachments, are intended only for the use of the person(s) to which they are addressed and may contain confidential and/or privileged information. Further, any medical information herein is confidential and protected by law. It is unlawful for unauthorized persons to request, use, review, copy, disclose, or disseminate confidential medical information. If you are not the intended recipient, immediately advise the sender and delete this message and any attachments. Any distribution, or copying of this message, or any attachment, is prohibited.
I have read and agree to the terms of the disclaimer above.*

Upload / Send
Please allow 1-2 days for processing.
I have included my identification with this request.*

Submit

Accepted filetypes: .jpg, .pdf, .docx, .csv, .xlsx

[Return to the website to make payment.](#)

* indicates a required field

©2023 Med Copy USA