

REQUEST FOR COPIES OF MEDICAL RECORDS

Date: _____/_____/_____

Attention: Medical Records Manager

Hospital _____

Private Office: _____

Address: _____

Please provide me with a copy of my medical records. I will be seeing

California Spine Care
Santi Rao M.D.
2291 Pacheco St, Concord, CA 94520

Tel: 925 691 1700 **Fax: 925 691 1707**

My Name: _____

My Address: _____

My Phone Number _____

Please call me when
the records are ready to be picked up
the records have been mailed / faxed

Thank you for your attention.

Patient Signature