



www.primetimept.com

*Spine & Sports Rehabilitation • Women's Health • Men's Health • Lymphedema & Breast Cancer Therapy*

1003 W. College Boulevard, Suite # 1, Niceville, FL 32578

Phone: (850) 279-4660 Fax: (850) 279-4781

Email: care@primetimept.com

### MEDICAL RECORDS REQUEST

Date of Request: \_\_\_\_\_

Dear Sir or Madam:

I am requesting that I receive copies of my medical record(s) from Primetime Physical Therapy for my direct use. I understand that I will be charged an administrative fee of \$1.00 per page and applicable postage if mailed.

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax # (if applicable): \_\_\_\_\_

Patient Name (print): \_\_\_\_\_ DOB: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Legal Guardian/Patient

Signature: \_\_\_\_\_