

Request for Medical Records

Mobility Warehouse
DBA: Moyos Pharmacy and Home Health
106 Rock Quarry Road Ste E
Stockbridge, GA 30281
Phone: 770-507-6008
March 24, 2009

RE: Release of medical records for _____, DOB: _____:

Dear Dr. _____:

Please release my medical records related to the need of a Medical _____.
Please include all tests, lab results and/or doctors notes rendered by you or under your supervision. This information will be used to further assist in obtaining approval from my insurance, and should be faxed to:

Mobility Warehouse
Fax: 770-506-1152

Customers Signature _____