

Abington Medical Specialists
1235 Old York Road, Suite 222
Abington, PA 19001
215-517-1000

Medical Record Fax Line: 215-376-1706

Record Request Form from AMS Cardiology

Please Print:

I, _____
(patient name)

hereby request that _____
(name of doctor)

send copies of the following records pertaining to my health care:
(important: please initial the line in front of each item you would like to be sent*)

- _____ 1. Office notes and related reports including any hospital summaries / data
- _____ 2. Communications in my records from other physicians, including consultants.
- _____ 3. List any specific items to be sent that are not covered by items 1 & 2:

List any items that should NOT be sent, if applicable: _____

Send Records to: _____

Or Fax to: _____ Attn: _____

Your Signature: _____

PRINT NAME: _____

Date of Birth: _____

Date of Request: _____

*without initials, only data included in item #1 will be sent