

[Your name]
[Your address]

[Date]

Sent Via Facsimile: [Fax number]

[Name/Address of Provider]

Re: Patient's Name :
Date of Birth :

Dear Custodian of Records:

I have received medical care at your facility and wish to have a copy of my medical records and bills. Although it may be unnecessary, as I am the one requesting my records, I have also enclosed a release form for your use.

I request complete and legible copies of every document and record in your office relating to me. This request includes, but is not limited to, the following:

- All physician notes, orders; consultations, progress notes and nursing notes;
- All lab and radiology reports;
- All correspondence to or from doctors, hospitals or other health care providers;
- All notes, memoranda, writings, documents, reports, and publications and other material comprising a part of your files relating to the above named patient; and
- Itemized bill of all services rendered.

Please be advised that Arizona Statute A. R. S. 12-351 provides for charges of ten cents for each page of standard reproduction of documents plus the reasonable clerical costs incurred in locating the documents billed at the rate of ten dollars per hour per person. I will be happy to pay the charges for copying and clerical time upon presentation of an itemized statement as outlined above.

Thank you for your prompt attention in this matter.

Sincerely,

[Your name]

Enclosure as noted