



Los Alamos Medical Care Clinic, Ltd.
Allergy/Immunology, Dermatology, Internal Medicine, & Family Practice

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IF RECORDS ARE BEING RELEASED TO PATIENT THERE IS A PRINTING FEE OF \$2.00 PER PAGE FOR THE FIRST 10 PAGES AND \$.20 PER PAGE AFTER. CD'S ARE \$6.50 FLAT RATE

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 (LAST) (FIRST) (INITIAL)

ADDRESS _____
 (STREET) (CITY) (STATE)

PHONE (____) _____ BIRTHDATE _____

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 (DOCTORS FULL NAME AND ADDRESS)

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FOR THE PURPOSE OF REVIEW / EXAMINATION, I FURTHER AUTHORIZE YOU TO PROVIDE SUCH COPIES THEREOF AS MAY BE REQUESTED. THE FOREGOING IS SUBJECT TO SUCH LIMITATION AS INDICATED BELOW:

*** PROPORTION OF RECORD SENT:**

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 SPECIFIC INFORMATION _____
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 _____ PSYCHIATRIC / MENTAL HEALTH INFORMATION
 _____ HIV INFORMATION

*** REASON FOR REQUEST:** _____

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