



NOTICE

Medical Related Forms

Please note that effective August 1, 2005, there will be a \$20.00 fee to complete all forms and/or to copy your medical records. We ask that this fee be paid at the time of the request.

In order to comply with your requests in a professional and efficient manner, we ask that you allow 2-3 working days for the forms to be completed. If you are going to pick the forms back up at our office, please call to ensure forms are ready.

If you like for the forms to be mailed to you or forwarded elsewhere, please supply us with an addressed envelope with the correct address.

We appreciate your consideration and patience along with the ability to better serve you.

Patient Signature

Date