**Fredericksburg Orthopaedic Associates, PC**
***540.372.4225 | Fax 540.310.0100 | HealthPort 800.367.1500***

# MEDICAL RECORD AND X-RAY REQUEST
## PLEASE PRINT ALL INFORMATION

Date _____/_____/_____
*(mm / dd / yyyy)*

Patient: _____

Patient's Address: _____

City _____ State _____ Zip Code_____

Patient's Date of Birth: _____/ _____/_____ Patient's SS #: _____ - _____ - _____
*( mm / dd / yyyy)*

Medical records and/or x-rays are being requested on the above named patient. The patient and/or the patient's guarantor are responsible for the cost of each set of reproduced medical records and or x-rays. All copies requested and processed, will be charged to your account. The reproduction fee is:

- **$10.00 Search & Handling fee for each request**
- **$ 0.50 Per page up to 50 pages for each request**
- **$ 0.25 Per page after the first 50 pages for each request**
- **$ 9.50 Per film copy / $5.00 per CD**

**The cost of postage to mail medical records is charged to the patient/guarantor. Please see the option below to receive medical records electronically. If the patient requests medical records to be sent to a third party, the patient will be responsible for the cost of the medical records.**

**We require a minimum of 15 days to process your request.**

**Reason for Request:**

◯ Patient Use ◯ Attorney ◯ Insurance (including compensation or disability)
◯ Other Physician requested ◯ Other_____

**Third party information:(Company Name)**_____

**Address:** _____

**Phone:**_____ **Fax:**_____

**This request is for:**

**X-rays Only:**

◯ CD ◯ Films ◯ All x-rays / Films ◯ Only those notated below

_____

**Medical Records Only:**

◯ All Medical Records ◯ Only those records notated below

_____

HealthPort processes all FOA medical records requests. To receive your records as an electronic PDF file via email, please complete their Electronic Record Delivery Request and HIPAA Authorization; otherwise, the requested medical records will be mailed to the stated address on this form.
To inquire about your request, please contact HealthPort directly at 1.800.367.1500 or www.healthport.com

**Patient's/Legal guarantor**

_____(Contact Phone#)_____

**FOA Initials** _____