

MEDICAL RECORDS REQUEST

Lyme Center of New England
573 Mendon Road, Suite 3
Cumberland RI 02864
401-334-5963 / Fax: 401-334-2222

PATIENT NAME *(please print)*: _____

DATE OF BIRTH: _____ BEST PHONE NUMBER TO REACH YOU: _____

COMMENTS: _____

I, _____, authorize the Lyme Center of New England to receive information from or share information with:

Name: _____

Address: _____

Phone: _____ Fax: _____

PATIENT SIGNATURE: _____ DATE: _____

*Please make sure that your portion of all paperwork is complete, including signature.
Records will be mailed to the appropriate person/office or you can pick them up upon completion.*

Please circle which is most appropriate to your request:

<u>FORM</u>	<u>Time required for completion</u>	<u>FEE</u>
Medical Records Request	21 days	Subject to quantity - \$25 to \$50
Insurance Disability Forms	21 days	\$50
TDI Form	7-10 days	\$25
FMLA Form	7-10 days	\$35
Provider Narrative	21 days	\$100