TMO MEDICAL, PC
Dr. Todd M. Orszulak

YJH MEDICAL, PC
Dr. Yahya J. Hashmi

4515 Military Road
Niagara Falls, New York 14305
Phone: 716-236-7880 Fax: 716-236-7885

Request for Medical Records

Date: _____

Patient Name: _____**DOB**_____

Reqeust Records from: (physican name)_____

_____ **I request my medical records be released to me**

_____ **I reqeust my medical records be released to my personal representative (listed)**

_____

_____ **I request my medical records be sent to Dr.** _____**, at the above address**

I understand that I am asking for the release of my Protected Health Information (PHI). This document is to satify HIPAA compliance

Patient Signature: _____

Advance Directives: _____