San Dimas Family Practice
Kavitha S. Kotrappa, M.D.

150 W. Foothill Blvd., San Dimas, CA 91773
www.SanDimasFamilyPractice.Com
Ph: (909) 599-9921
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REQUEST FOR MEDICAL RECORDS - MEDICAL RECORDS RELEASE

PLEASE PRINT ALL INFORMATION

To (Previous Doctor): _____

Address: _____

City, State & Zip: _____

Phone #: _____

Fax #: _____

Disclosure of PHI: I hereby authorize San Dimas Family Practice to receive Protected Health Information (PHI) about me for the purpose of Treatment, Payment and/or Operations. I may revoke this authorization at any time. I understand that other disclosures will be made only with my written authorization, unless otherwise permitted or required by law. A complete "Notice of Privacy Practices" for San Dimas Family Practice has been offered to me.

Please forward the following medical records:

( ) General medical information from:_____ to:_____
( ) X-ray ( ) films ( ) Report from:_____ to:_____
( ) Laboratory Report from:_____ to:_____
( ) Other:_____ from:_____ to:_____

To:

Kavitha Kotrappa M.D.
San Dimas Family Practice
150 W. Foothill Blvd.
San Dimas, CA 91773
Fax#: (909) 451-6238

Patient Name: _____ Date of Birth:_____
Please print clearly

Address: _____

_____

Signature:_____ Date:_____
Patient or guardian