



# Thakkar, Patel, Avalos MD's LLC

3581 S. Highlands Ave

Sebring, FL 33870

Phone: 863-385-5129

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## REQUEST FOR MEDICAL RECORDS

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
mm/dd/yyyy

PATIENT ADDRESS: \_\_\_\_\_

I request that \_\_\_\_\_  
Physician or Facility Name

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

forward the requested medical records to this practice to the attention of:

Dr. Thakkar      Dr. Patel      Dr. Avalos      N. Cardona, PAC

Specific records requested are:

- History and Physical or Consultation or Last Office Visit Notes       Labs  
 Radiology       Endoscopic reports       Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

This authorization is valid for one year, unless withdrawn in writing prior to that date.