

Gastroenterology
and Hepatology

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REQUEST FOR MEDICAL RECORDS FROM DR. ASHRAM SUFI

I serve as the custodian of medical records for Dr. Ashram Sufi. We hope that this arrangement facilitates your future care, regardless of whether you choose to join my practice, plan to seek care elsewhere, or need records for other reasons.

I have not "purchased" his practice and neither your care nor your records have been transferred to my practice, however, you are welcome to join my practice by setting up a new patient visit.

So that we may best assist you, please provide the following information:

Last Name: _____ First Name: _____

Date of Birth: _____

Date of Services FROM: _____ TO: _____

Signature: _____ Phone: _____

Relationship: Self Guardian POA Other: _____

Call when ready for pick up

Send via facsimile to: _____

Sent via US Mail to: _____

Type of Records Requested:

- Operative Report(s)
- Pathology Report(s)
- Office Notes(s)
- Imaging Studies(s)
- Laboratory Testing(s)
- Other _____
- ALL RECORDS. See note below regarding the cost of copying.

Per The Annotated Code Of Maryland §4-304, a prepaid fee of 62¢ to 83¢ per page plus actual postage and handling is generally permitted. An additional preparation fee of \$22.88 may also apply. These fees must be paid in advance by cash, check, or credit card.