continuum
INTERNAL MEDICINE

Mai Sharaf, MD, FACP
Internal Medicine: 817.617.8650
9509 North Beach Street, Suite 102, Fort Worth, TX 76244

MEDICAL RECORDS REQUEST

PLEASE FAX BACK PATIENT RECORDS WITH COPY OF THIS PAGE AS COVER

FAX TO: 1.877.906.1852

Records Requested:

Patient: _____ DOB: _____

From: _____ Fax: _____

Address: _____ Phone: _____

Appointment Date: _____ Time: _____

_____ Physician Office Notes

_____ ER Visits Records

_____ Current Laboratory Test Results

_____ Radiology Reports (U/S, CT Scans, X-rays)

_____ Other Records

(specify): _____

I understand that these records may contain details regarding any personal psychiatric illness, drug or alcohol treatment, HIV/AIDS testing and status, sexually transmitted disease diagnosis and other sensitive medical information.

Patient Signature: _____ **Date:** _____