

Premier Senior Care

Geriatric Medicine

Roy E. Fried, MD
Gary B. Wilks, MD

Medical Records Request

Date: _____

Dear Doctor or Hospital Staff,

Kindly send a copy of my medical records to the medical practice below as soon as possible.

Patient name _____

Date of birth _____

If there are any charges for having the records sent, please contact the following person to arrange payment:

Contact name and phone number: _____

The records requested are as follows:

- All records from the past 2 years, including any mental health records.
- If available, problem list, medication list, allergy list, vaccination record.
- Pertinent older records, such as from:
 - Cardiac tests (echocardiogram, nuclear stress tests, catheterization reports)
 - Imaging studies (CT, MRI, sonogram, X-Ray, DEXA, mammogram)
 - Procedures (colonoscopy, EGD, biopsy reports)
 - Operative reports
 - Pathology reports
 - Hospitals (admission and discharge summaries, consultations)
 - Consultations
 - Any other records you feel will help us provide care for this patient.

PLEASE MAIL RECORDS TO:

Premier Senior Care
Roy Fried, MD / Gary Wilks, MD
6935 Wisconsin Avenue, Suite 314
Chevy Chase, MD 20815

Tel 301-530-3237 / Fax 301-907-4590

Thank you for your cooperation.

Signature of patient or Power of Attorney

Name of person who signed above, if other than patient

Administrative Office:

6935 Wisconsin Avenue | Suite 314 | Chevy Chase, MD 20815 | 301.530.3237 | Fax 301.907.4590

