

Patient File Request Form

WHCS

Please fill out the following:

1. Date _____

2. Name _____

Address _____

Phone No. (_____) _____

Fax No.(_____) _____

E mail: _____

3. Date of Birth: _____

4. Date of Service: _____

5. Preferred method of delivering file:

Mail

Fax

E mail

I (name) _____, am the patient who received services on the above date at Women's Health Care Services.

Requestor signature _____

THE ABOVE SIGNEE IS SWORN TO BE THE PERSON SHE PURPORTS TO BE on this date: _____

Notary Public: _____ My Appointment Expires: _____

For Firm use only:

Staff member processing request _____ Date _____

Please include a copy of a photo identification with your request.

The cost of retrieving the file is 50 cents per page, plus a \$15 retrieval fee.

Please mail the form to the Thompson Law Firm, LLC, Records Custodian for Women's Health Care Services. A representative will contact you regarding your request.

- Thompson Law Firm, LLC
- 106 E. 2nd St.
- Wichita, KS 67202
- Phone: (316) 267-3933
- Fax: (316) 267-3901