

# Patient File Request Form

## WHCS

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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

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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. 2<sup>nd</sup> St.
- Wichita, KS 67202
- Phone: (316) 267-3933
- Fax: (316) 267-3901