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Medical Records Request Form

It is your right to obtain a copy of your medical records. Your records will be forwarded directly to you by mail. The following charge will be billed to your credit card in order to cover the administrative and mailing costs associated with this process. Exceptionally small records (less than 6 pages) will be copied free of charge:

Medical Records \$25 per 6 month period

PLEASE STATE HOW FAR BACK YOU WOULD LIKE YOUR RECORD COPIED _____

CC#: _____

EXPIRATION DATE: _____ 3 Digit Security Code:: _____ (required)

SIGNATURE: _____

NAME ON CARD: _____

CC BILLING ADDRESS: _____

NAME AND ADDRESS WHERE TO MAIL YOUR RECORDS:

PHONE # _____

Fax this form to -> 415-381-7503

**Please allow 2-3 weeks to processing time for medical records*