



Maria I Bermudez Fresse, MD
200 E. Thruston Blvd.
Oakwood, OH 45419
P 937-245-4439
F 937-795-3225

REQUEST FOR RELEASE OF MEDICAL RECORDS AND/OR CASE DISCUSSION

Patient/Guardian: Please write here the information for the physician/practice from where you need records. This is the information about the doctor from which you need for records to be sent to us.

To: (Practice and Physician Name): _____
Practice Street Address: _____
Practice City, State, Zip: _____
Practice Fax Number: _____
Practice Phone Number: _____

RE: PATIENT NAME: _____ DOB: _____

This letter will authorize you to provide a copy, summary, or narrative of above patient's medical records or to otherwise release confidential information as needed per this request.

At this time I am requesting the following:

____ Complete record (including but not limited to: lab results, consultation and treatment notes, etc.)

____ Records of care from _____ to _____ only.

____ Other: _____

Please send VIA:

____ postal mail ____ fax ____ email ____ patient/guardian will pick-up ____ phone consult

Please send to (as applicable per above request):

iMed
ATTN: MARIA I. BERMUDEZ-FRESSE, M.D.
200 E. Thruston Blvd.
Office: 937.245.4439
Fax: 937.795.3225
email: imedconcierge@gmail.com

OR

____ Confer orally in person or by phone, or by email about information in my medical record, to the following person(s):

____ MARIA I. BERMUDEZ-FRESSE, M.D.

____ Name _____ Tel # (____) _____

The reasons or purposes for this release of information are: _____ NEW PATIENT EVALUATION _____

For Releases from iMed to another practice, understand that iMed will provide this information within 10 business days from receipt of request, and may charge a fee of a dollar per page, plus postage, if being sent via U.S. Post Mail, for preparing and furnishing this information. If a phone/email consultation is requested, the patient is responsible for the discussion time fee per hourly schedule and dates/time of discussion will be provided as per availability of appointments. I also understand that I may revoke this consent at any time, by providing written consent to you.

Name & Signature of Responsible Party: _____ Date: _____