

JEROME M. WEISS M.D. INCORPORATED

FAX NUMBER: 415 441-4946

Dr. Weiss officially retired as of December 27, 2018 and his office has closed.

If you need a copy of your medical records, please complete the records request below, sign and fax to (415) 441-4946.

Please be sure to provide a contact phone number and an email address. Please print clearly. **There is a charge to provide copies of medical records and you will be contacted with the cost and to provide payment information before the records are sent.**

I hereby authorize Jerome M. Weiss, M.D.

To release copies of my medical records to:

Name: _____

Address: _____

City, State, Zip _____

Print Patient Name: _____

Patient Phone Number: _____

Patient Email: _____

Patient Signature: _____ Date: _____