



PATIENT REQUEST FORM




Name of Requestor: _____

Please submit this form using one of the following methods

 **Email:**
inhouse@datafied.com

 **Mail To:**
P.O.Box 18116
Anaheim, CA 92817

 **Fax To:**
(800) 922-3892

Standard turnaround time is 4-10 business days

If you have any questions, call us: 714-442-1201

Delivery Method *(Select only one)*

- Paper Delivery & Online Download- \$72.00
- CD Delivery & Online Download - \$72.00
- Paper Delivery Only - \$57.00
- CD Delivery Only - \$57.00
- Online Download Only - \$40.00

**Please note these fees apply to charts up to 400 pages. Additional fees will apply to charts larger than 400 pages.*

Agree to Terms of Orders *(initial next to each point)*

_____ Some physicians or facilities require a payment to release medical records; Datafied will pass this cost on to you
Initial in addition to our service fees. (Datafied will contact you if the Doctor/Physician fee exceeds \$50.)

_____ Once the order has been placed, and for some reason the request is cancelled, Datafied will charge a \$15
Initial cancellation fee. There will be no cancellation fee to orders that are cancelled within 24 hours of placing it.

Payment Information

Name on Credit Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

Expiration Date: ____ / ____

- VISA MASTERCARD AMEX DISCOVER

*Payments made by check will delay the request by 5 business days