



burbankurgentcare.com

Request for Medical Records (Patient Only)

To be completed by Burbank Urgent Care Staff.

Name (Nombre) _____

Today's Date (fecha) _____ Date of Birth (Nacimiento) _____

Directions to Patient

Step 1. Fill out this form + pay processing fee.

Why? Burbank Urgent Care wants to track its back office transactions.

Processing fees: Medical and/or Billing Records \$15 and CD of Xray \$15.

You can submit form - payment to our clinic in either of these 2 ways:

- **Fastest!** Hand this form to the Burbank Urgent Care front desk. You'll then pay by credit card.
- Drop forms to the front desk. Records will be provided in 3-5 business days.
- Alternatively, you can fax: (818)953-4434. Next, call our clinic at (818)953-4408
- Monday - Friday 10am - 2pm

Step 2. Wait for Burbank Urgent Care to gather the records and deliver them in 10 calendar days.

Request For Medical Records

I, _____, would like **Burbank Urgent Care** to release the medical records for myself / the minor
Name of Patient or Guardian _____

In addition, I am requesting to have the **following records be released** for these dates:

→ What **record type(s)** do you want released? Check all that apply.

Dates? Check all that apply / write dates.

	All	Specify	
<input type="checkbox"/> Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Lab Records	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Billing Records	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Imaging Reports/ CD Images	<input type="checkbox"/>	<input type="checkbox"/>	_____

→ The records should be **delivered to the patient / guardian** as stated below:

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

→ Which **delivery method** for:

Medical Records, Labs, and/or Billing Records? Check off 1 only

- Recipient will pick up from Burbank Urgent Care
- Email to the recipient
- Mail to the recipient

CD of X Ray Images? Check off 1 only (For Patient Only)

- Recipient will pick up from Burbank Urgent Care
- Burbank Urgent Care will mail CD / DVD. Typically takes 3 to 5 business days once mailed.

Name of Patient: _____ Date & Time: _____

Signature Name: _____ Date & Time: _____

Name of Guardian: _____ Signature of Guardian: _____ Date & Time: _____

*Want copy of the ultrasound images done at our clinic? Contact :Urgent Diagnostics at (818) 240- 7744.

*Want MRI / CT Scan images done at OSS? Go to ossburbank.com > click Resources > Medical Records.

Authorization for Release of Medical Information (Specialty Care Provider)

To be completed by Burbank Urgent Care Staff.

Name (Nombre) _____

Today's Date (fecha) _____ Date of Birth (Nacimiento) _____

Directions to Patient

Step 1. Fill out this form.

Why? Burbank Urgent Care needs your permission to release your records to the specialty provider.

Submit to Burbank Urgent Care in either of these 2 ways:

- **Already know the name of the specialist?** Hand into Burbank Urgent Care front desk before you leave.
- **Don't know who you'll be going to?** Don't worry. After you book the appointment with the specialist, fill out this form and drop it off at the front desk. Alternatively, you can fax: (818) 953-4434. Give us 3-5 business days to confirm receipt by request. Again, best to do before your appointment with the specialist so the physician has your medical records on hand when you have the appointment!

Step 2. Wait for Burbank Urgent Care to gather the records and deliver to the specialist. Typically takes 1 - 2 calendar days. It's free.

Authorization To Release Medical Information Consent

I, _____, authorize **Burbank Urgent Care** to release the medical records for:

Name of Patient or Guardian

Name of Patient (Your name or name of minor): _____

Alternative Last Name Used: _____

Date of Birth for Patient: _____

In addition, I authorize that the **following records be released** for these dates:

↳ What **record type(s)** do you want released? Check all that apply. Dates? Check all that apply / write dates.

	All	Specify
<input type="checkbox"/> Medical Records Lab	<input type="checkbox"/>	_____
<input type="checkbox"/> Records	<input type="checkbox"/>	_____
<input type="checkbox"/> Billing Records	<input type="checkbox"/>	_____
<input type="checkbox"/> Imaging Reports	<input type="checkbox"/>	_____

↳ The records should be **delivered to the recipient** as stated below:

Name of the Recipient: _____

Mailing Address of Recipient: _____

Telephone of Recipient: _____

Email of Recipient: _____ Fax of Recipient: _____

↳ What **delivery method** for:

Medical Records, Labs, and/or Billing Records? Check off 1 only

- Recipient will pick up from Burbank Urgent Care
- Fax to the recipient. Can only be done for Providers / Health Facilities and Attorney offices
- Email to the recipient

Name of Patient: _____ Date & Time: _____

Signature Name: _____ Date & Time: _____

Name of Guardian: _____ Signature of Guardian: _____ Date & Time: _____

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*Want MRI / CT Scan images done at OSS? Go to ossburbank.com > click Resources > Medical Records.