

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:

- o **Fastest!** Hand this form to the Burbank Urgent Care front desk. You'll then pay by credit card.
- o Email form to **felipa.villanueva@burbankurgentcare.com**. Give us 2 business days to confirm receipt of request. Alternatively, you can **fax: (818) 953-4434**. Next, call our clinic at (818) 953-4408 (pick option for medical records) Monday - Friday, 10 am to 4 pm, to pay by phone (credit card only).

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

- 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.