

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.
- Email form to ashley.reynolds@burbankurgentcare.com. Records will be provided in 3-5 business days.
- Alternatively, you can fax: (818)953-4434. Next, call our clinic at (818)953-4408 (pick option for medical records).
- 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.