

Middlesex Medical Associates
85 Church Street Suite 600
Middletown, CT 06457
Phone 860-347-5333 Fax 860-346-3517
Medical Records Request

Patient: _____

Address: _____

Phone: _____ DOB: _____

Email: _____

Release From: _____

Address: _____

Phone # _____

Fax # _____

Please Include: Entire Chart: _____

As noted Below Only:

Dates of Service: _____

Lab Results: _____ Other: _____

Please mail or fax to the above office. (If more than 25 pages please mail)

Patient signature

Date: _____