

Medical Records Request

Your patient has requested a consultation with Jason Williams, MD. Dr. Williams would like time to prepare for the upcoming consult. Please email, fax or mail office notes, written imaging, pathology and lab reports. Please mail copies of the patients images on cd in DICOM format. PET/CT images please include FUSION images. Our address is 111 West Myrtle Ave., Suite 1, Foley AL 36535. Your assistance is greatly appreciated.

Patient \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Sincerely,

Angie Holder,

Patient Coordinator

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_