



## REQUEST FOR MEDICAL RECORDS

**Midlands Orthopaedics & Neurosurgery** has partnered with Sharecare to fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, complete and return the attached Authorization form including *specific* instructions as to **what** records you are requesting and **where** you are requesting records to be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose mail or email.

**Please fax the completed form with a copy of your driver's license or state issued ID to  
(866) 920-3647**

**For Records being sent to another Health Care Provider**

Please provide as much contact information for your other Doctor, including the address, phone & fax.

For fastest service, you may also submit requests using our Online Patient Request Form by scanning the QR code below:



You can contact a Sharecare Health Data Services representative at any time by calling:

**858-244-1811**



