



601 SE 5th Street, Topeka KS 66607
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REQUEST FOR MEDICAL RECORDS

A copy of medical records stored at Jayhawk File Express by the Kansas State Board of Healing Arts will be released ONLY to the patient whose medical information is contained in the file. This form must be signed by the patient in front of a notary public to verify identification of the requestor. Patient will pay all costs associated with getting a copy of the file to him or her. **Contact: Elizabeth Smith.**

Patient: _____ Birthdate: _____

Address: _____ Zip: _____
zip + four

METHOD OF DELIVERY

- I will pick up the records at Jayhawk File Express between 8:00am and 5:00pm weekdays
- Please mail the records to me at the address above; or
- Please mail the record to me at the address below:

CHARGES FOR DELIVERY

\$30.00 per medical record up to 3 oz.
\$35.00 per medical record over 3 oz.

I understand the charges for delivery of records, and I agree to pay the total charges prior to receipt of the records. I may pay by MasterCard, VISA or American Express, cashiers check or money order.

If using a credit card:

Name as it appears on the card _____ Exp. Date: _____

Patient Signature (must be witnessed by a notary public)

Date

(Seal)

State of: _____
County of: _____

Signed or attested before me on _____ by _____

Signature of notary public

My appointment expires: _____