

**STEP-BY-STEP INSTRUCTIONS FOR PATIENT'S RECORDS
BEING PICKED UP BY ANOTHER INDIVIDUAL**

On your request, please note the following:

Date of Request
Your Name or Patient Name
Date of Birth

Specify who is authorized to pick up
your records and what records you
are requesting

Signature
(If patient's representative,
please state your relationship)

06/21/08

James Doe
DOB: 12/25/54

I hereby authorize my son Joe Doe
to pick up my records from my surgery on
October 31, 2006.

Sincerely,

A handwritten signature in black ink that reads "James Doe". The signature is written in a cursive style with a large, looped initial "J".