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Make Check Payable to: Nutmeg Consulting LLC, Records Custodian
for \$15.00 for shipping and handling per patient. Children less than 18 years of age are
an additional \$5.00 per child with a paying parent/legal guardian (ex. 1 child + 1 parent = \$20.00) or \$15.00 per
child if only the child's record is being requested (ex. 1 child (alone) = \$15.00 or 1 adult (alone) = \$15.00).
Allow 7-14 business days for processing. **Medical records will ONLY be shipped directly to you;** or if less
than 18 years of age, to the parent/legal guardian.

We can not process incomplete records requests or requests that do not include payment.

✂ CUT HERE AND RETURN BOTTOM PORTION

Patient Request for Copy of Medical Record (Please Write Legibly)

Full Name: _____ Date of Birth: _____ Last 4 of SSN: _____

Patient's Home address: _____ (Please Verify Your Home Address)

*I have enclosed a check or money order for \$15.00 (or \$5.00 for each minor child with paying parent/guardian) made payable to
Nutmeg Consulting LLC to cover the cost of shipping and handling. I understand that I will receive one copy of my own medical
record or one copy of my minor child's medical record per completed request form.*

Patient/Legal Guardian Signature

Driver's Lic (or Photo ID) Number

Relationship to Patient

Date

Only ONE patient per request form. MAIL TO: Nutmeg Consulting LLC, Records Custodian
430 Illinois Ave, Saint Cloud, FL 34769