



For Questions Regarding Your
Medical Records Request
Please Contact:

MediCopy Services, Inc.

866.587.6274 Toll Free | 615.780.9866 Fax
www.MediCopy.net Online

**A signed authorization is required to release health information. Please see reverse side for instructions on how to obtain an authorization form.*

Here's what to expect:



1. Electronically sign an authorization form online at www.medicopy.net/patients, or at the front desk of your doctor's office.

2. After your authorization is received, MediCopy will fulfill your medical request in as little as two business days.



3. If copies are for personal use, payment may be required. **Please provide an email address, if available!** Your email will expedite the process and the delivery method.

4. If records are being transferred directly to another doctor, the service is complimentary and no further action is needed.

