



Instructions to Request a Medical Record

To request a copy of your medical records, please follow the instructions below.

1. Pick your Delivery Option (Standard or Express):

Delivery Type	Cost	Description
Standard	\$5.00	You will receive your records in the mail within 10 to 15 business days
Expedited	\$25.00	You will receive your records in the mail within 2 to 3 business days

2. Pick your Request Option (Mail or Online):

Online:

Visit http://www.mobilehealth.net/records-request to request your record and pay with a credit or debit card.

Mail:

Follow these instructions to request your records via mail:

1. Send a self-addressed stamped envelope along with the completed Medical Records Request Form to:

Mobile Health Attn: Medical Records Request 229 West 36th St, 9FL New York, NY 10018

2. Include a money order (no cash or checks) for \$5.00 or \$25.00 depending on your delivery choice

3. Receive your Records in the Mail

All medical records will be mailed to you. You may <u>not</u> visit a Mobile Health office to receive a copy of your medical record.



Medical Records Request Form

1. Complete all of the following information

Today's Date:			
Name:			
Address:		Apt#	
City:	State:	Zip	
Telephone Number:			
Date of Appointment:			
Social Security Number:			
Name of Agency or School:			

2. Choose a Delivery Type

Check One	Delivery Type	Cost	Description
	Standard	\$5.00	You will receive your records in the mail within 10 to 15 business days
	Expedited	\$25.00	You will receive your records in the mail within 2 to 3 business days

3. Include a Money Order (no cash or check) for \$5 or \$25

4. Mail your form and money order to:

Mobile Health Attn: Medical Records Request 229 West 36th St, 9FL New York, NY 10018

^{*}You may also request your records online using a credit/debit card at http://www.mobilehealth.net/records-request/