

Instructions to Request a Medical Record

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

1. Pick your Delivery Option:

Cost	Description
\$5.00	Your report will be processed & mailed within 10 to 15 business days
\$15.00	Your report will be processed & mailed within 5 to 7 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:

- a. 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

- b. Include a money order (no cash or checks) for \$5.00 or \$15.00 depending on your delivery choice.

3. Receive your Records in the Mail

All medical records will be mailed to you. You may not 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

Cost	Description
\$5.00	Your report will be processed & mailed within 10 to 15 business days
\$25.00	Your report will be processed & mailed within 5 to 7 business days

3. Include a Money Order (no cash or check) for \$5 or \$15

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/recordsrequest/>