Shelley Mackaman, Ph. D.
Redmond Medical Center
8301 161st. Ave. NE, Suite 300 Redmond, Washington 98052
Phone: 425-885-3330, Fax: 425-702-2474

Date Received: ________________

Date Processed: ________________

Notes:

Request Form

Patient Name:____________________________ Date of Birth:______________________

Parent/Guardian:__________________________ Phone:____________________________

Services:

___ Patient Records ___ Release of Information

___ Billing Account Summary ___ Copies

___ Letter ___ Other

Contact Information: (to send request to)

Name:____

Address:____

Phone:_____________________Fax:_______________________Email:_____________________

Purpose/Request:

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Policy: Valid requests contain a complete form including client signature and date. Complete requests will be responded to within 14 business days of validity.

Client/Guardian's Signature: **Date:**

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