# *Center for Hand Surgery, Inc.*

**Michelle R. Ritter, MD, CAQSH Orthopaedic Hand Surgery**
**385 Bert Kouns, Bldg 500 Shreveport, LA 71106**
**Ph: 318.686.9986 Toll Free: 866.350.HAND (4263) Fax: 318.686.9505**


## MEDICAL RECORDS REQUEST

**Patient Name** _____ **Date of Birth** ____/____/_____

**Please send my medical records to:**

○ **Orthopaedic Specialists (Drs Cooper and Milstead)**

○ **My primary care physician**

**Name** _____

**Address** _____

**City, State, Zip** _____

**Phone** _____ **Fax** _____

○ **Other**

**Name** _____

**Address** _____

**City, State, Zip** _____

**Phone** _____ **Fax** _____

**Active Military and Worker's Compensation patients may receive a copy of their records at no charge. There is no charge to send a copy electronically to another physician. If you wish a paper copy, we are reducing the charge recommended by law to $5 handling fee and $.50/page. If you wish to have them to be mailed to you, we are required to mail them Certified at additional cost.**

**If picking records up, please allow 15 days for us to process your request, and bring a picture ID with you.**

**Signature of patient or guardian** _____

**Printed Name** _____ **Date** _____