



Date: _____

To: _____

We would like to request a summary of your medical records on the patient listed below. Our staff is interested in securing reports of: laboratory findings, x-rays, operative procedures, final and pathological diagnoses, and any other significant findings including:

NAME AT THE TIME CARE WAS RECEIVED ADDRESS AT THE TIME CARE WAS RECEIVED

DATE OF BIRTH DATE OF CARE WAS RECEIVED

Please send the reply to:

Consent:

Permission is hereby given to _____ to furnish information from (My record-or My Child's record) to Howard University Hospital.

Signature _____

Date _____

Witness _____

Date _____