

NATIONAL EVENT SERVICES

a. 501 Baily Road • Yeadon, PA 19050

t. (866) 411-3300

f. (610) 623-5876

w. nationaleventservices.com

I, _____, am requesting a copy of my patient care records in order to share them with my physician _____.

By signing below, I am acknowledging that I am the person who was treated and I am authorizing my treatment record(s) be sent to me via:

U.S. Mail _____
(provide address)

Email _____
(provide email address)

Fax: _____
(provide phone number)

I was treated on _____ at approximately _____
(enter date) (enter time)

Printed Name: _____

Signature: _____

Date: _____

This form must be completely filled out and then can be sent to:

Email: info@nationaleventservices.com

Faxed: 610-623-5876

Mailed: 501 Baily Road Yeadon, PA 19050