

DR. MARTIN R. ZAPATA

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## Medical Records Request

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TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FAX #.: \_\_\_\_\_

FROM: \_\_\_\_\_

re: \_\_\_\_\_

PAGES (including cover page): \_\_\_\_\_

### NOTES/ COMMENTS:

Please send the following records:

- H&P
- EKG
- Lab results
- Consultation Notes
- Discharge Summary
- and all other pertinent records
- Other: \_\_\_\_\_

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