THE PATIENT’S PLAYBOOK
MEDICAL RECORDS WORKSHEET

Call the office of your Primary Care Physician (PCP) and request a copy of your medical files.

My PCP: ________________________________

Primary Contact Info (email/phone/fax):

_____________________________________

File Request Date and Method (e.g. September 1, U.S. Mail):

_____________________________________

Comments: ____________________________

File Received Date: __________

Call the office of other relevant physicians – especially for any surgical procedures or major medical events – and request a copy of your medical files. Examples: Cardiothoracic surgeon, orthopedic surgeon, oncologist.

Doctor #1: ______________________________

Primary Contact Info (email/phone/fax):

_____________________________________

File Request Date and Method (e.g. September 1, U.S. Mail):

_____________________________________

Comments: ____________________________

File Received Date: __________

Doctor #2: ______________________________

Primary Contact Info (email/phone/fax):

_____________________________________

Comments: ____________________________

File Request Date and Method (e.g. September 1, U.S. Mail):

_____________________________________

File Received Date: __________

Doctor #3: ______________________________

Primary Contact Info (email/phone/fax):

_____________________________________

Comments: ____________________________

File Request Date and Method (e.g. September 1, U.S. Mail):

_____________________________________

File Received Date: __________