PETER N. SOTOS, M.D.
ORTHOPAEDIC SURGERY
Suite # 660 Medical Arts Building
Kittanning,PA 16201
Phone: 724-543-9087 Fax: 724-543-9115

MEDICAL RECORDS REQUEST FORM

This form will serve to transmit the named patient's medical record created by Peter N Sotos, M.D. into the patient's guardianship. Once transmitted, Peter Sotos, M.D. is absolved of responsibility for maintaining the record for that patient.

Patient NAME: _____ DATE: _____
(please print name legibly)

FEE:
$0 (Before April 24, 2015)
$10 (after April 24, 2015)

ADDRESS: _____
_____
_____
_____

PHONE: _____

DATE OF BIRTH: _____

SIGNATURE:

_____ (patient)

_____ (guardian, relationship, name)
(print)
_____ guardian signature