



Medical Group, Inc.

Physicians, Surgeons,
and Doctors of Optometry

William S. Epstein, MD
Robert H. Ewing, MD
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Request for Access

Patient Name: _____

Date of Birth: _____

Patient Address: _____

- Items Requested:
- All records
 - Prescription history only
 - Billing history only
 - Other: _____
- _____
- _____

Requesting from (Provider Information): _____

I understand and agree that I am financially responsible for reasonable fees associated with my request including copy charges, the cost of supplies and labor, and postage related to the production of my information. I understand that I may request that my records be delivered in electronic format. I further understand that if I request my records be delivered by unsecured email, such email may be at risk of being accessed by unauthorized persons, and that I make my request despite such risk.

Patient Name

Date

Signature of Legal Guardian

Print Guardian Name

Ashland Office
Phone: (541) 482-8100
Fax: (541) 488-5081
Address: 648 North Main Street
Ashland, OR 97520

Yreka Office
Phone: (530) 842-2760
Fax: (530) 842-5839
Address: 2524 Westside Road
Yreka, CA 96097