

Rose T.Codini, M.D.
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REQUEST FOR RELEASE OF MEDICAL RECORDS

To: _____

I, _____ D.O.B: _____, request a copy of my medical records be faxed or mailed to Dr. Rose T. Codini as soon as possible.

Please include:

- Colonoscopy report**
- Endoscopy report**
- Pathology**
- Recent labwork**
- Ultrasound**
- CT scan**
- Other** _____

Patient/Guardian Signature: _____

Date: _____