



TrufaMED Urgent Care & Concierge Medicine

9445 Harding Ave, Surfside, FL 33154

(305) 537-6396 • Fax (305) 686-1965

HEALTH INFORMATION MANAGEMENT

Medical Records Request

For patients requesting a copy of their own records. We respond within 5 business days.

PATIENT FULL NAME

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

Records Requested

☐ All of my records

☐ Only these: _____

Delivery Method

☐ Secure link by email

☐ Printed copy for pickup

☐ Mail

EMAIL OR MAILING ADDRESS TO SEND THEM TO (IF APPLICABLE)

We deliver your records the way you tick above: by email as a secure link that opens after you enter your date of birth, as a printed copy for pickup, or by mail.

SIGNATURE OF PATIENT

DATE

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