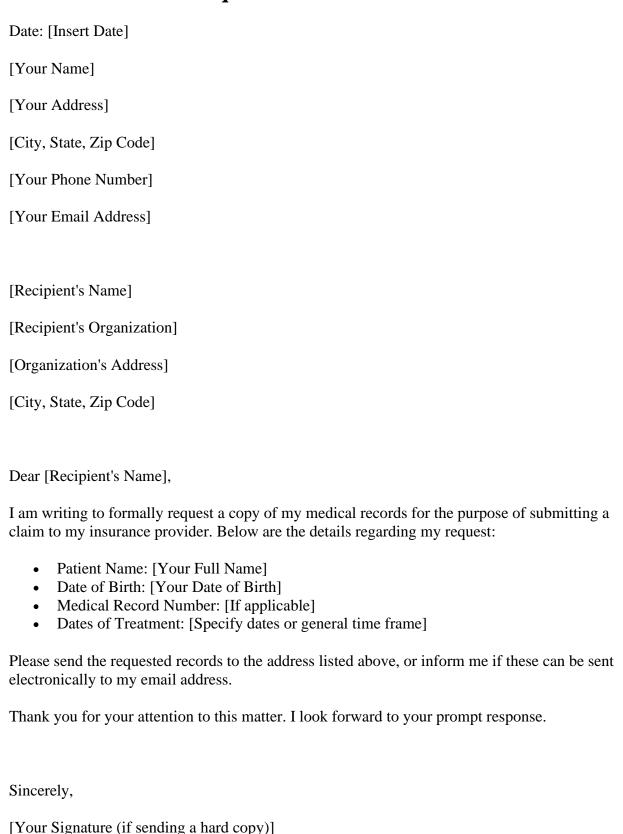
Medical Records Request



[Your Printed Name]