

Please complete form and send back with your payment.

(initials) _____ I understand that an electronic copy of my records will be burned onto a CD or DVD and mailed to the person or physician requesting the records. I understand and agree that Dr. Richard G. Glogau and Off-Site Records Management are not liable to me or to any third party for any loss, damage, or release of any file or files once the records have been transferred to USPS.

(initials) _____ I understand that my records are in storage at Off-Site Records Management. The copy service fee is **\$50.00** for the first copy. Additional copies are **\$15.00** each.

It is my responsibility to mail a check directly to Off-Site Records Management at the address listed below. I understand that my request will not be processed until Off-Site Records Management receives payment, this initialed/signed form and a copy of a Government Issued ID for verification purposes.

. Make your check payable to Off-Site Records Management.

Mail your payment to:
Off-Site Records Management
1959 Monterey Road
San Jose, CA 95112
(408) 971-4200

Please write below address to send CD/DVD to:

Patient Name (print)

Date

Signature

Phone No.