

RELEASE OF MEDICAL RECORDS

Please return this form to Comber Physical Therapy, LLC in person, by mail, or by fax.

Patient Name _____ DOB ____/____/____

Treatment Location ☐ New Town ☐ Lightfoot Treatment Type ☐ Physical Therapy ☐ Chiropractic Care

Requesting (please select one) ☐ Entire Record
☐ All records from ____/____/____ to ____/____/____
☐ ONLY Evaluation and most recent Progress Note

Please initial after the appropriate request.

☐ I am requesting Comber Physical Therapy transfer my medical records to another medical practice.

I give permission to Comber Physical Therapy to release records of the treatment I received from their offices to

_____. Initials _____

☐ I am requesting another medical practice transfer my records to Comber Physical Therapy.

I give permission to _____ to release the records pertaining to my treatment at that facility to Comber Physical Therapy. Initials _____

Please select one:

- ☐ I will pick-up the Requested Information at 5388 Discovery Park Blvd, Suite 100, Williamsburg, VA 23188
- ☐ Please fax a copy of the Requested Information to (____)_____
- ☐ Please mail a copy of the Requested Information to this recipient _____
 At this mailing address _____
- ☐ Please email a copy of the Requested Informaiton to this recipient _____
 At this email address _____

 Patient's Signature (If under the age of 18, must be signed by guardian)

 Date

Medical Record Costs	Electronic Records	Paper Records
Search Fee	\$20	\$20
Pages 1 – 50	\$0.37 per page	\$0.50 per page
Pages 51+	\$0.18 per page	\$0.25 per page
Max Fee	\$150	\$150

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COMBER PHYSICAL THERAPY & FUSION CHIROPRACTIC - MOORETOWN ROAD

201-B Bulifants Blvd., Williamsburg, VA 23188

Telephone 757.229.9740 Comber • 757.603.6655 Fusion • Fax 757.229.9741

COMBER PHYSICAL THERAPY – NEW TOWN

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COMBERPT.COM

