

QCI Behavioral Health

**9475 Lottsford Road, Suite 250
Largo, MD 20774**



**Phone: 301-636-6504
Fax: 301-636-6509**

Medical Records Request

Patient's Name: _____

Date of Birth: _____

Last four of Social Security number: _____

Reason for request:

- **Please note that all medical records take up to 10 (ten) business day to complete.**
- ** We do not mail or fax medical records for patient requests.**
- ** If you need records for another agency please have them mail or fax the request to QCI with a signed release attached.**
- **ID is required at pick – up.**

Sign _____ **Date** _____

For Office Use Only _____

Estimated completion date for pick up _____

QCI Staff Initials: _____

Please copy ID in area below.