

CHARLES S. CHEN, M.D., P.C.

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REQUEST FOR RECORDS RELEASE

Patient Name: _____

Patient DOB: _____

Patient Phone: _____

Please release a copy of my records to:

- Me, Dr. Chen's patient
- My clinician

Clinician name: _____

Clinician address: _____

Please send my records:

- By secure email to: _____
- By fax to: _____

The office is closed and Dr. Chen is retired as of August 30, 2024. In accordance with applicable laws, we keep medical records for seven years from the last patient encounter date. If your last appointment was within seven years, you may request a copy with your signature on this form.

There is no charge associated with sending records electronically (via secure email or secure fax) to a patient or a clinician. Should you require a printout to be mailed to you or your clinician, there is a cost as reflected on the attached fee schedule.

Patient Signature Date

For Office Staff Use Only

Date Received:
Date Sent:
Sent By: