

REQUEST FOR MEDICAL RECORDS

I Hereby request that my medical records be released to:

Sudarshan Chatterjee M.D. F.A.C.C.
160 Merrimack St.
Methuen, Ma 01844
Tel 978-975-0990
Fax 978-975-7803

Please Print Name: _____

Date of Birth: _____

Signature: _____

Requesting Records From Dr. _____

Address: _____

Telephone: _____