

**Fax Request to SDMI at:**

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|--|---|--|
| <input type="checkbox"/> Anthem - 702.361.1133           | <input type="checkbox"/> Centennial Hills - 702.489.3130    | <input type="checkbox"/> Green Valley - 702.451.8983 |
| <input type="checkbox"/> Galleria - 702.840.7278         | <input type="checkbox"/> Northwest - 702.240.1271           | <input type="checkbox"/> Southwest - 702.597.0828    |
| <input type="checkbox"/> Maryland Parkway - 702.731.0341 | <input type="checkbox"/> LV Medical District - 702.888.3092 |  |

I request that Steinberg Diagnostic provide:

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(DOCTOR OR HOSPITAL)

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(ADDRESS AND PHONE NUMBER)

The complete copies of medical records as listed below. I understand that this request is only valid for the records specified below and expires once this request is processed.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**RECORDS REQUESTED:**

- Written Report only fax to \_\_\_\_\_
- CD & Report

**DELIVERY INSTRUCTIONS:**

- Courier Pick-up
- Standard mail to the address provided above
- FedEx/UPS (please provide pre-printed label)

Please allow 48 hours for processing of all image/report requests.

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Signature

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Date

