



HAWAII CENTER
for PSYCHOLOGY
FINDING YOUR BALANCE

PATIENT DOCUMENT REQUEST FORM

Please note that we will need approximately two weeks to process all requested documents.

Requested By:

Patient Name: _____

Contact #: _____

Address: _____

Receive By:

Pick-Up

Personal Fax

US Mail

Request For:

Detailed receipt for Flex plan - Dates needed: _____

Medical Records

Comments:

Other (please explain): _____

Patient Signature

Date

Staff Only: Please initial in appropriate boxes after each task is completed.

Authorization on file (if applicable) Doctor Reviewed Management Reviewed

Requested Document Signed S/U Sent (date and via):

Comments: