



James G. Burson, M.D.

MEDICAL RECORDS REQUEST FEE

Patient Name: _____

Patient DOB: _____

The office of **James G. Burson, M.D.** will either mail or fax patient records to the provided fax or mailing address. **Requests for medical records will be processed and fulfilled within 30 working days.**

Listed below are the charges for copying and sending medical records:

Search/Retrieval: \$25.88

Pages 1-20 \$.97 per page

Pages 21-50 \$.83 per page

Pages 51 or more \$.66 per page

Medical Records Fee total: _____

Thank You,

Medical Records Custodian
770-955-0272