

**Records Request from Glenn Soppe MD PC,  
Family Physicians of Encinitas(includes PA Campbell and PA Beauchamp)**

If desiring a copy of records please use this form and choose option 1, 2 or 3.

- 1) This is our suggested option. Request from us a copy of your entire record on a **CD in Word format**. This can be done promptly and requires a fee of \$30. Then if you see any Physician, including specialists, you can bring this CD or print these records for them. Having the CD allows you to bring records to multiple Physicians without additional fees.
- 2) If instead you desire printed copies of your records the fee is \$60 for those going back to 1/1/13 to present. If you desire your entire records printed the fee is \$120. If you request them again in the future the same fees apply.
- 3) To have records sent to any Physician, we must have a records request release form signed by you from their office. Upon arrival we will send them a CD of your records after receipt of a \$25 fee from you. To expedite any such please send a check in advance or call us. Additional CDs to Physicians-\$25.



**Please use this form to request records.** Your Phone# \_\_\_\_\_ !

1) Please send me a copy of my records on **CD** \_\_\_\_\_  
name birthdate

to this address, \_\_\_\_\_

Enclosed is a check for **\$30** . or my  VISA  MasterCard for **\$30**

Card # \_\_\_\_\_ exp. Date \_\_\_\_\_

Card Name & address \_\_\_\_\_

2) Send me a **Printed** copy of recent records \_\_\_\_\_  
name birthdate

to the following address, \_\_\_\_\_

Enclosed is a check for **\$60** . or my  VISA  MasterCard for **\$60**

Card # \_\_\_\_\_ exp. Date \_\_\_\_\_  **\$120 if all records**

Card Name & address \_\_\_\_\_

Signature \_\_\_\_\_ signature of guardian if minor \_\_\_\_\_

Date \_\_\_\_\_ *\*All credit card information will be immediately shredded after payment recorded!*

Mail to: Glenn G. Soppe MD 345 Saxony Rd., ste 204, Encinitas, CA. 92024