



Request for Medical Records

To: _____

Phone Number: _____

Fax Number: _____

Patient Name: _____

Date of Birth: _____

I request that you provide Millard Collier, M.D. Medical Director of Real Results, with the medical records needed to continue my health care. This request may involve extensive records required to establish medical necessity for the treatment I am seeking.

These records include the following:

- Most recent physician-conducted History and Physical
- Most recent lab results, to include CBC, Lipid, CMP, TSH, and HgbA1c
- Chart notes documenting weight loss attempts over the past two (2) years including medications prescribed, behavior modification attempts, and the patient's weight at each encounter.
- Documented weight for the past five years (one chart note each year)
Years: _____ to _____
- Letter of medical necessity for bariatric surgery
- Documentation of any health conditions created or exacerbated by obesity
- Other: _____

Please provide any records not enumerated above that you feel, in your professional opinion, will assist Dr. Millard Collier, M.D. in my health care.

Fax to: (404) 705-0760

Mail to: Dr. Millard Collier, M.D.
c/o Real Results
6160 Peachtree- Dunwoody Road
Suite A100
Atlanta, GA 30328
404-236-7555

Thank you,

Signed: _____

Date: _____