



Genesis

PLASTIC SURGERY

Patient Request for Medical Records

I request Dr. Fred Thompson to release to me the following medical records regarding my treatment(s) in his office.

Description of Requested Records

Dates of Treatment: _____ through _____

I agree to pay a fee for the copying and collecting of these records based on the rules established by the State of Missouri.

Patient Signature

Date

FREDERICK E. THOMPSON, M.D.

Diplomat-American Board of Plastic Surgery, Inc.

SEAPORT OFFICE COMPLEX

100 Westwoods Drive Liberty, MO 64068 Phone: 816-781-3371 Fax: 816-781-5167