

Andrew T. Mecca, M.D.  
FAMILY PRACTICE  
MONDAY - FRIDAY  
8:00 AM - 5:00 PM



**URGENT CARE**  
MONDAY - FRIDAY: 8:00 AM - 6:00 PM  
WEEKENDS: 10:00 AM - 6:00 PM  
HOLIDAYS: 9:00 AM - 4:00 PM  
URGENT CARE - WALK IN

5612 WHITESVILLE ROAD • COLUMBUS, GEORGIA 31904  
www.medcareofcolumbus.com  
706-322-2223 • FAX 706-324-5233

### Request for Medical Records

#### Patient Request for Protected Health Information (PHI)

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone #: \_\_\_\_\_ FROM: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

FAX: \_\_\_\_\_

I am requesting the following medical records be released to Andrew T. Mecca, M.D. or MedCare:

Fax: 706-324-5233

Mailing Address: MedCare  
5612 Whitesville Rd  
Columbus, GA 31904

This authorization will expire on: \_\_\_\_\_  
Expiration date or defined event

- \_\_\_\_\_ Complete Medical Record
- \_\_\_\_\_ Accounting Information
- \_\_\_\_\_ Diagnostic Test Results: \_\_\_\_\_
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Labs Only
- \_\_\_\_\_ Specific Dates of Service: \_\_\_\_\_
- \_\_\_\_\_ Specific Documents: \_\_\_\_\_

This Protected Health Information (PHI) is being requested for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient / Legal Guardian Date

\_\_\_\_\_  
Witness - MedCare Staff Date