

# LAKESIDE ORTHOPEDIC CLINIC

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TO: Whispering Pines Family Medicine / Medical Records Dept  
FAX: (555) 867-5309  
FROM: Lakeside Orthopedic Clinic — Dr. Marcus Bellingham, MD

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## REQUEST FOR MEDICAL RECORDS

Pursuant to signed patient authorization (HIPAA compliant)

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### PATIENT INFORMATION:

Patient Name: DELACROIX, THOMAS R.

Date of Birth: 09/22/1971

SSN Last 4: XXXX (on file with authorization form)

Phone: (555) 998-3321

Immunization Records

Surgical/Procedure Notes

Referral Correspondence

Complete Medical Record

### RECORDS REQUESTED:

Date Range: January 2024 — Present

Record Types:

Office/Progress Notes

Lab Results

Imaging Reports

Medication List

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### REASON FOR REQUEST:

New patient evaluation for chronic low back pain. Patient is transferring orthopedic care. Need to review prior treatment history and imaging to avoid unnecessary duplicate testing.

### AUTHORIZATION:

Signed patient authorization form is on file at our office.

A copy will be mailed upon request or can be faxed to (555) 867-5309.

Please fax records to: (555) 776-4401 ATTN: Medical Records / Dr. Bellingham

If questions, please call (555) 776-4400 and ask for Rebecca (Records Coordinator).

This request is made in compliance with HIPAA Privacy Rule (45 CFR 164.524). Records should be provided within 30 days.