

# Health Alliance Patient Information Request Form

## Patient Information

Patient Name: Tarry Cutler      Requested Date: 01/13/2014  
Patient DOB: 10/27/1958      Treatment Date: 12/25/2013  
Patient ID: 0-0001

# Patient Request

There was an accident on december 25th where one of you physician's, a doctor bob smith performed a blah blah  
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 blah blah. Would you please send xrays and blood tests as well as dr bob smiths notes to Helth Allianze whose  
 address is documented bellow. Thank you.

## Requested Forms

Blood Tests  
X-Rays  
Phycians notes

Please send filled out form to: Health Alliances  
5 Hospital Rd  
Andover, MA 01987