



**SURGICAL OFFICE OF
MORGAN & KENNEDY**

403 W. Oak St. Suite 204 El Dorado, AR 71730

Office Phone: 870-881-9311 Email: office@mksurgicalclinic.com

Please fax completed form to the appropriate number below **REFERRED TO: (870) 881-8588**

Medical Records Request Form

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN: _____

Previous Last Names/Maiden Name: _____

Records Requested:

- All records in specific date range. From ____/____/____ To ____/____/____
- Complete medical record
- Specific operative and pathology listed below

Where to Send Records:

Name of Doctor/Facility: _____

Address: _____

Telephone: _____ Fax: _____

Method of Transmission:

- Fax: _____
- Email: _____
- Mail via USPS: _____

For all urgent requests: please call or text the office directly at 870-881-9311