



**Scarless VeinCare**

509 Olde Waterford Way

Suite 305

Leland, NC 28451

910-726-3737 office

910-726-3712 fax

**Request for Medical Records**

Date \_\_\_\_\_

Patient name \_\_\_\_\_

DOB: \_\_\_\_\_ MR# \_\_\_\_\_

DOS: \_\_\_\_\_

Records requested \_\_\_\_\_

Reason for request: Treatment Benefits Legal Other \_\_\_\_\_

Faxed to \_\_\_\_\_ on \_\_\_\_\_

Kamran Goudarzi MD FACS FICS DABVLM \_\_\_\_\_