



A Legacy of Quality Healthcare
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Request for Medical Records

Please send my medical records to:

Print Name: _____ D.O.B: _____

Patient Address: _____

Signature of Patient: _____

Witness: _____

**Seale Harris Clinic, P.C.
805 St. Vincent's Drive
Suite 510
Birmingham, AL. 35205**

**Phone: (205) 595-5504
Fax: (205) 592-3427**