

FLORY ISABEL AGUILAR, M.D.
FAMILY MEDICINE
WWW.FAMILYDR.COM

Date:

Dear: _____

We have received your request for a copy of your medical records. The fee for this service (photocopying of medical records) is as follows:

- **Clerical Fee:** \$25.00 flat fee
- **Page Fee:** _____ pages x \$.25 per page = \$_____.
- **Postage Cost:** \$3.00 (standard mail)

(fees set forth according to the Medical Board of California)

Please return payment, marked "**ATTENTION: Medical Records,**" to our office. We will expedite your request upon receipt of payment.

Please let us know if there is anything else we can do for you

Thank you,

MEDICAL RECORDS DEPARTMENT
Dr. Flory I. Aguilar
PO Box 62125
Irvine, CA 92602
Tel: (949) 552-4624