

Dear Patient:

Thank you for contacting **Anniston Orthopaedics Sports Medicine & Physical Therapy** Medical

Records Department. To better serve you with your request for medical records, **Anniston Orthopaedics Sports Medicine & Physical Therapy** has partnered with Sharecare. Sharecare will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached

Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting records to be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose mail or email. ***Please fax the completed Authorization form to* Sharecare.**

**Please fax to** **(866)920-3647.** Please include a copy of your Driver’s License.

**For Records being sent to another Health Care Provider**

Please provide as much contact information for your other Doctor, including the address, phone & fax.

You may also submit requests using our Online Patient Request Form by scanning the QR code below:



You can contact a Sharecare Health Data Services representative at any time by calling:

**858-244-1811**

Thank you,

Medical Records Supervisor

**Anniston Orthopaedic Associates**

