610 Katy Fort Bend Rd. #220
Katy, TX 77494
832-515-8121
Fax: 832-201-9581
www.mcdonoughpt.com

14814 South Canary Yellow Circle
Cypress, TX 77433

Form Invoice for Medical Records

Patient: _____ **Date:** _____

We have received your request for medical records. The charge for providing paper copies of medical records is $25 for the first twenty pages and $.50 per page for every copy thereafter plus shipping costs. The charge for providing copies of medical records in electronic format is $25 for 500 pages or less and $50 for more than 500 pages.

We accept cash, check, or credit cards for this service.

☐ **PAPER COPIES**

First twenty pages @ $25 _____
Copying _____ additional pages @ $.50 _____
Postage Fees _____
Total _____

☐ **ELECTRONIC FORMAT**

500 pages or less @ $25
More than 500 pages @ $50

PAYMENT INFORMATION

☐ Visa ☐ MasterCard ☐ Check ☐ Cash

CARD NUMBER _____ CVC* _____
NAME ON CARD _____
CARD STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
EXPIRATION DATE _____ TELEPHONE _____
E-MAIL_____

SIGNATURE _____ DATE _____

* The CVC is the three-digit verification code at the end of the signature block on the back of your card