

Patient Medical Records Request

United Imaging Consultants, LLC dba Clarity Care
9040 Quivira Road, Lenexa KS 66215
Phone: (913) 944-4900 Fax: (913) 701-3714
Email: office@claritycarekc.com



Patient Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Address: _____

Records Requested

- ☐ Complete Medical Record ☐ Imaging Reports (e.g., X-rays, MRI, CT)
- ☐ Visit/Procedure Notes ☐ Billing Records
- ☐ Other (please specify): _____

Delivery Method

- ☐ Mail to address above ☐ Encrypted email to address above ☐ Pick up in person

Authorization/Identity Verification

I hereby request that United Imaging Consultants, LLC dba Clarity Care release the requested medical records to me as indicated above.

Signature: _____ Date: ____ / ____ / ____

- ☐ Picture of valid photo ID submitted with this request
- ☐ Call me at the phone number provided at the time of my last visit