

Trenton Orthopaedic Group, P.A. has contracted Record Reproduction Service (RRS) to handle the duplication and transfer of medical records.

In order to expedite all requests for patient information please follow the steps outlined below:

Step 1 - Complete each page of the Medical Record Request in its entirety

Step 2 - Using the table below calculate the payment due.

Step 3 - Make payment. Choose from one of the following options:

Option 1 - log onto [www.rrsmedical.com/tog](http://www.rrsmedical.com/tog) and make an online payment

Option 2 - make check payable to "Record Reproduction Services"

Step 4 - Forward information to Record Reproduction Services:

Payment via check - mail the completed medical request forms and the check made payable to "Record Reproduction Services"

Payment made Online - fax the completed Medical Record Request and online payment confirmation  
 M: mail the same information to Record Reproduction Services.

Record Reproduction Services  
 600 North Jackson Street  
 Media, PA 19063  
 Phone: (484) 468-1299  
 Fax: (484) 468-1281

| Payment Calculator                 | Quantity<br>(# of copies) | Unit Cost           | Payment<br>t Due |
|------------------------------------|---------------------------|---------------------|------------------|
| Medical Record-Paper Copy          |                           | \$6.50 Plus Postage |                  |
| Medical Record-Electronic Delivery |                           | \$6.50              |                  |
| X-Ray and/or MRI on Disk (CD)      |                           | \$10                |                  |
|                                    |                           | <b>TOTAL\$:</b>     |                  |

Once medical record release requirements outlined are fulfilled, Record Reproduction Services (RRS) will mail your records within 24 hours of copy completion.

Please include your phone number and complete address on this form for follow-up purposes:

First & Last Name: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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