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THIS APPLIES TO ANY RECORDS CONTAINING PERSONAL HEALTH INFORMATION, TO INCLUDE ANY DIAGNOSIS AND TREATMENT OR EXAMINATION RENDERED TO ME DURING THE SPECIFIC TIME PERIOD _____ OR:

_____ 12 MONTHS (OFFICE NOTES, LAB, PATH) _____ ALL LAB RESULTS

_____ 36 MONTHS (OFFICE NOTES, LAB, PATH) _____ ALL PATHOLOGY

_____ ENTIRE CHART _____ ALL OFFICE NOTES

DATE OF BIRTH

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