

MICHELE BECK-TORRES MD
Health Solutions for Women

Michele R. Beck, M.D



Obstetrics
Gynecology
Infertility and Tubal Microsurgery
Laser Surgery
Anti-Aging Medicine

REQUEST FOR MEDICAL RECORDS

To: _____
(Doctor or Facility)

Date: _____ **Fax#:** _____

Please fax or mail the following Medical Records to our office:

MICHELE BECK-TORRES MD Phone: (561) 792-4508
1447 Medical Park Blvd. Fax: (561) 964-8961
Suite #202
Wellington, FL 33414

- Complete Medical Record for last 5 years
- Last Progress Note
- Pap Smear (year) _____
- Lab Work (type) _____
- Year: _____
- Mammography Report (year): _____
- Bone Density (year): _____
- Other: _____

Patient: _____

DOB: _____ **SSN** _____

Patient Signature

Date