

Women's Healthcare Center

Raja Chatterji, M.D., F.A.C.O.G. &
Humberto Lamoutte, M.D., F.A.C.O.G.

I, _____, hereby request my medical records be sent to:

Dr. Raja Chatterji and Dr. Humberto Lamoutte, of Women's Healthcare Center
(please circle location choice)

2230 N Huntington Drive
Algonquin, IL 60102
PH: 847-854-0688
FX: 847-854-0696.

750 Fletcher Dr. #206
Elgin, IL 60123
PH: 847-931-1813
FX: 847-931-1861

I understand this request can take up to ten business days to be honored and due to the size of varying medical records may not be able to be faxed to my new physician, and may be mailed instead. I also understand my medical records are confidential documents and that they will be handled accordingly.

Additional instructions/comments:

Date:

Patient Signature:

Social Security Number:

Date of Birth:

HUNTINGTON COURT

2230 N. Huntington Drive, Algonquin, IL 60102 * 847-854-0688 * Fax 847-854-0696

ELGIN PROFESSIONAL PLAZA

750 Fletcher Drive, Suite 206, Elgin, IL 60123 * 847-931-1813 * Fax 847-931-1861

ALEXIAN BROTHERS MEDICAL PLAZA

1786 Moonlake Blvd. Suite 202, Hoffman Estates, IL 60194 * 847-252-7923