

## Medical Record Request

1255 Hwy 46, Shelby, AL  
35143, USAsmallfile@osdb.io  
sample@sample.com

Date: Jan 07, 2026

Time: 08:56 am

Attn: **Null Palm Beach Gardens Community Hospital, Inc.**  
Address: PO BOX 741241, ATLANTA, GA 30374

Phone: -  
Fax: ((56-1)-6947160

Re: **Yvette Goldstein****REQUESTING MEDICAL RECORDS FROM YOU****URGENT**

Release of Information

**Appointment Details**

Patient: Yvette Goldstein \* 2001-01-01

Appointment Date: Oct 09, 2025

Amount: \$183.04

We are requesting medical records related to the above appointment in order to complete and process an insurance claim on behalf of the patient.

Please include the following documents if available:

- Visit summary / encounter notes
- Diagnoses (ICD-10 codes)
- Procedures performed (CPT codes)

Submit by fax at 3233213333 or email to smallfile@osdb.io

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