

## Medical Record Request



INS CLAIM

1255 Hwy 46, Shelby, AL  
35143, USA

s.malafra@osdb.io  
samtest@ie.com

Date: Feb 17, 2026

Time: 05:33 pm

Attn: Null Home Respiratory Solution  
s, Inc.

Address: 555 E NORTH LN STE 5075,  
CONSHOHOCKEN, PA 19428

Phone: -

Fax: (773)-273-7568

Re: Paul Ferguson

## REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

## Appointment Details

Patient: Paul Ferguson \*

Appointment Date: Oct 10, 2025

Amount: \$7.74

Comment: dd

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 1233455666 or email to s.malafra@osdb.io

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