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## Medical Records Request

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Phone contact: \_\_\_\_\_

I am requesting that my unique PBOmd Patient Portal log in credentials be emailed directly to me at the email address below to gain access to my medical records.

Email address: \_\_\_\_\_

Patient or Guardian Signature \_\_\_\_\_

Please return this form via FAX at 404-350-9405 or email at [management@myerssportsmedicine.com](mailto:management@myerssportsmedicine.com)

Once submitted, you will receive your unique PBOmd patient portal credentials to login securely and access your medical records

***Once signed into your unique PBOmd patient portal, the system will bring you to a screen which lists your medical records. From this screen, you will need to click on each individual visit date to view the individual records for that specific date of service***

***You can then save your records and/or xray images to a desktop/flash drive to be forwarded to your provider or you may print the records.***