



**ROYALTREATMENT**  
HAIR RESTORATION CENTER

**Release of Information/Request for Medical Records**

**Medical Records Requested by:**

Royal Treatment Hair Restoration Center  
2952 SW 59<sup>th</sup> Street  
Oklahoma City, OK 73119  
405-849-5101  
rthrcenter@gmail.com

**Medical Records Requested on Behalf of:**

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Client Contact Number: \_\_\_\_\_

**Medical Records Requested from:**

Provider Office Name:  
Specific Provider (if known):  
Address:  
Phone Number:

**Reason for Request:**

Support claim to insurance and/or HSA/FSA for cranial prosthesis.

**Items Requested:**

- RX signed by medical provider with qualifying diagnosis for cranial prosthesis
- Supporting documentation detailing causes and extent of hair loss and date of diagnosis. Supporting documentation may be in the form of H&P, progress notes, or provider/nurses' notes, etc.

**Requested Method of Delivery:**

- Secured Email/HIPAA Compliant, [rthrcenter@gmail.com](mailto:rthrcenter@gmail.com), Attn of Renee Mack-Mitchell
- Client Will Pick Up

**Expiration Date of Form:**

1 year from date of signature

Client Signature Authorizing Use of Form: \_\_\_\_\_ Date: \_\_\_\_\_

Royal Treatment Hair Restoration Center Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

