

**PICK-UP RECEIPT**

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE:** Medical Record Copies RE: \_\_\_\_\_

**Addressed To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:** \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

**Witness by:** \_\_\_\_\_

**ID Verified (Circle type):**      DL              ID              Company ID:  
\_\_\_\_\_

**\*\* PLEASE RETURN COMPLETED FORM TO: Recipient's Chart**