



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Description	Fee
Handling charge	\$31.56
Copy pages 1 through 25	\$1.18
Copy pages 26 through 50	\$0.79
Copy pages in excess of 50	\$0.39
Copies made from microfiche or microfilm	\$1.97

Please make check or money order payable to the **Chicago Department of Public Health: Attention: Medical Records**
Send your check or money order with copy of this invoice to:

**Chicago Department of Public Health
Medical Records CC3045-AP54
333 South State Street, Room 200
Chicago, IL 60604**

***Upon receipt of request, please allow up to 30 business days.**