Requesting Medical Records

Today's Date: _____

Individual served Name: _____

Individual served DOB: _____

Chart Number: _____

Phone Number to contact once records are ready: _____

The purpose for my request is:

_____

_____

_____

_____

_____

_____

The dates to be included in my record request are:

_____

_____

_____

Signature of Individual Served: **Date:**

_____

Signature of personal representative: **Relationship:** **Date:**