

### **PATIENT INFORMATION**

First Name\* MI Last Name\* Date of Birth  
 \_\_\_\_\_

Maiden or Other Name Medical Record Number  
 \_\_\_\_\_

Email\* Phone Number\*  
 \_\_\_\_\_

Mailing Address\*  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **REQUESTOR INFORMATION**

First Name\* MI Last Name\*  
 \_\_\_\_\_

Email\* Phone Number\* Fax Number  
 \_\_\_\_\_

Organization Name\*  
 \_\_\_\_\_

Organization Mailing Address\*  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What party do you represent?\* Case Number \_\_\_\_\_

Plaintiff  Defendant

Enter your case number, or file number. You can reference this request by this number later.

## Medical Facilities Requested

### Facility or Provider\*

#### Hospital/Inpatient

Wyckoff Heights Medical Center

#### Outpatient

Clinic       Diagnostic Testing Center

## INFORMATION TO RELEASE

What to Release (check all that apply)\*

Ambulatory Surgery Records

Clinic Records

Emergency Department Records

Inpatient Records

Abstract (free of cost)

Consult Report

COVID Testing Result

Discharge Summaries

Laboratory Reports

Operative Reports

Pathology Reports

Provider Notes

Radiology Reports

Other: \_\_\_\_\_

From Date\* \_\_\_\_\_

To Date\* \_\_\_\_\_

## SUPPORTING DOCUMENTATION

### Please note\*

This form will serve as the formal request for records from your firm. There is no need to submit a request on your firm's letterhead.

You will receive a copy of this submission via the email address that was provided. A fee may be charged consistent with the state rate guidelines for the reproduction of the medical records requested.

You must submit a fully executed Authorization form.

In addition, please be sure to include additional documentation to support the validation process such as Power of Attorney, Will, Proof of Guardianship, Death Certificate, or Letter of Representation.

## Delivery Method\*

Electronic delivery: You will receive an email, at the email address you provided, with a link to download the records electronically.

## Additional Information

In the box below, please provide any additional information pertinent to this request.

Today's Date \_\_\_\_\_