

Medical Records Chart Retrieval Request

Please fax this form directly to warehouse: 508-422-9579

| <b>For Site Use</b> | <b>For Medical Records Use</b> |
|---------------------|--------------------------------|
| Date of Request:    | Date Chart pulled:             |

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Requested By: \_\_\_\_\_ Site Name: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Please indicate where chart should be re-filed. Site Name: \_\_\_\_\_