

RUTGERS UNIVERSITY- NEWARK HEALTH SERVICES

249 University Avenue, Newark, New Jersey 07102-1896
Phone 973-353-5231 Fax 973-353-1390

PATIENT REQUEST TO OBTAIN MEDICAL RECORD

I am requesting that a copy of my medical record be given to me.

I will pick it up myself.

Mail* it me

Regular mail

Certified mail

Fax* it to me

**I understand this may not be secure.

PROVIDE ME THE FOLLOWING FROM MY MEDICAL RECORD:

(NOTE: there is a charge per page of medical record requested)

1. Check ONLY medical record(s) you want to obtain.

2. Provide specific DATES or PAGES of the medical record(s) you want to obtain.

Physical examination

Gynecological examination

Laboratory test results

Immunization record

Radiology report

Complete medical chart

Visit/Chart/Progress notes

Sexual assault information

ECG

Billing records

Consultation Referral report

STI test results

Genetic test results

Pathology reports

Others: _____

Date of Service: from ___/___/___ to ___/___/___

PATIENT CONTACT INFORMATION

Name (Print): _____

First Name Last Name

DOB: ___/___/___

Month/ Date / Year

Student ID: _____-00-_____

Email: _____@_____

Cell phone: (____) - _____ - _____

Fax number: (____) - _____ - _____

Address: _____

Signature: _____

Date: _____

=====

FOR RUHS STAFF ONLY

Reviewed by: _____

Date: _____