



# Medical Record Request

Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Request for:  Chart  X-Ray  Other: \_\_\_\_\_

Reason for Request (please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sent to Doctor

Given to Client

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Client Signature: \_\_\_\_\_

### Medical Record Review Checklist (check & initial each box)

\_\_\_\_\_ Verified that client A/R Balance is \$0.

\_\_\_\_\_ Checked collection records. Client has not been sent to collections.

\_\_\_\_\_ Chart reviewed by Doctor.

\_\_\_\_\_ Chart reviewed by Office Manager.

Chart Released by: \_\_\_\_\_ Date: \_\_\_\_\_

- Complete this form for all transfers requested.
- Send copy of chart requested to doctor or give to client (client must sign in space provided).
- After client's chart has been sent, provide a copy of complete request form to Medical Director for review with Regional Director.
- Place original copy of transfer request in client's chart.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_