

Medical Records Request Form

TO: Orange Park Shared Services (1-888-616-5721) FAX Number: 855-688-7649	From (Physician Practice): Mailing Address:
Requestor Phone Number: Requestor Fax Number:	Date: Date needed by requestor:
RE: Patient Name: <i>(Last, First, Middle Initial)</i>	DOB:
	Last 4 of SS#

Reason for Request:			
<input type="checkbox"/> Patient Currently in the Office – STAT Office Fax number:	<input type="checkbox"/> Patient has an appointment on: ____/____/____		
<input type="checkbox"/> Physician Billing – <i>records will be sent via mail</i>	<input type="checkbox"/> Other (Please Specify)		
Please Select Facility Below and date of Service: ____/____/____			
<input type="checkbox"/> Lake City	<input type="checkbox"/> Fort Walton Beach	<input type="checkbox"/> Central Florida	<input type="checkbox"/> Orange Park
<input type="checkbox"/> Memorial	<input type="checkbox"/> West Florida	<input type="checkbox"/> Ocala/West Marion	<input type="checkbox"/> Osceola
<input type="checkbox"/> North Florida	<input type="checkbox"/> Capital	<input type="checkbox"/> Twin Cities	<input type="checkbox"/> Gulf Coast
<input type="checkbox"/> Specialty	<input type="checkbox"/> Other:		
Please Select Type of Records Requested: Standard turnaround time for urgent/emergent fax requests is ≤ 30 minutes. Urgent/Emergent requests will be faxed ASAP with a 10 page fax limit. All other requests will be sent by mail.			
<input type="checkbox"/> ED Record	<input type="checkbox"/> Radiology Reports	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Abstract (dictation & Test Results)	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Stress Test	<input type="checkbox"/> Consultation
<input type="checkbox"/> EKG	<input type="checkbox"/> Operative Notes	<input type="checkbox"/> Other Please Specify:	

Please Complete Each Section of this Form Prior to Sending Your Fax Request

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