

REQUEST FOR MEDICAL RECORDS

Name of Injured Employee _____

Address _____

Social Security Number _____ Date of Injury _____

Phone Number _____

Name of Employer _____

Name of Industrial Health Care Provider _____

**MEDICAL RECORDS NEEDED TO SUBSTANTIATE THE CLAIM
OF THE ABOVE INDUSTRIAL INJURY/ILLNESS**

(Only those checked are being requested)

_____ Histories and Physicals _____ Emergency Room Records _____ Discharge Summaries

_____ Radiological Reports _____ Specialized Testing Results

_____ Operative Reports Related to the Industrial Injury/Illness

_____ Physician Progress Notes and/or Specialized Reports (Alternatively, a summary of the patient's record may be made available to the claimant at the discretion of the physician.)

I have reviewed the above injured employee's claim and certify that the above medical records are needed to substantiate his/her industrial injury/illness.

Signature - Industrial Accidents Management_____
Date*** Per Rule R612-300-10(K), the injured employee or his/her personal representative is entitled to one copy of the above checked medical records free of charge.*****PLEASE RELEASE THE ABOVE MEDICAL RECORDS DIRECTLY TO THE REQUESTOR. DO NOT SEND THE RECORDS TO THE LABOR COMMISSION.**