

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(C), the injured employee is entitled to one copy of the above checked medical records free of charge. However, if the records are requested by an injured workers' attorney, the medical provider may bill the attorney as per Rule R612-300-10(K).*****PLEASE RELEASE THE ABOVE MEDICAL RECORDS DIRECTLY TO THE REQUESTOR. DO NOT SEND THE RECORDS TO THE LABOR COMMISSION.**