BAPTIST MEDICAL CENTER DOWNTOWN
HEALTH INFORMATION MANAGEMENT
RECORD REVIEW REQUEST FORM
FAX: (904) 202-2260 ; TEL: (904) 202-2045

Please complete the request form to include the following information: medical record number, discharge date, and patient name.
If medical record number is unknown, please provide additional identifying information such as date of birth, social security number, financial account number, etc.

Requests for 1 to 4 records - fax request form.
Records will be pulled that same day/and or 24 hours depending on location of records.
The requester will be called when they are ready.

Request for 5 to 25 records - Four (4) working days are required to pull and process record requests for review.
Use the attached form and provide the information as indicated.

Requests for more than 25 records - Seven (7) working days are required to pull and process record requests for review.

Date Needed:_____ Committee/Study:_____

Meeting Date:_____ Reviewing Physicians:_____

Medical Record Number / Account Number	Patient Name	Discharge Date	Date of Birth	Other Identifying Data