



LAC COURTE OREILLES COMMUNITY HEALTH CENTER

13380W TREPANIA RD

HAYWARD, WI 54843

PHONE: 715-634-5100

FAX: 715-634-2740

PATIENT REQUEST FOR HEALTH INFORMATION

PATIENT INFORMATION (PLEASE PRINT)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
DATE OF BIRTH: (MM/DD/YYYY)		PHONE:
STREET ADDRESS:		
CITY:	STATE:	ZIP:

WHAT RECORDS DO YOU WANT? (CHECK APPROPRIATE BOXES BELOW)

- OFFICE NOTE(S) RADIOLOGY REPORTS LAB RESULTS MEDICATION LIST IMMUNIZATIONS
 BEHAVIOR HEALTH/AODA RECORDS

DATES OF SERVICE: ___/___/___ THROUGH ___/___/___

HOW WOULD YOU LIKE YOUR RECORDS TO BE DELIVERED? (CHECK APPROPRIATE BOXES BELOW)

- PAPER BY MAIL
 FAX IN-PERSON PICKUP

WHERE DO YOU WANT YOUR INFORMATION SENT? (FILL IN BOXES BELOW)

RECIPIENT NAME:	
RECIPIENT ADDRESS:	RECIPIENT PHONE:
	RECIPIENT FAX:

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE:	
RELATIONSHIP: (PLEASE PRINT)	DATE AND TIME:

**PLEASE RETURN COMPLETED FORM TO: LAC COURTE OREILLES COMMUNITY HEALTH CENTER
HIM DEPARTMENT
RELEASE OF INFORMATION CLERK**