



Place Barcode Here

Medical Records Request and Release

PERSONAL INFORMATION

Patient Name		Staff Use Only	
		<input type="checkbox"/> Photo ID Verification	
Date of Birth		Phone Number	
Date(s) of Service		Ordering Physician(s)	
Comments			

DELIVERY INSTRUCTIONS

<input type="checkbox"/> Mail	Address:	
<input type="checkbox"/> Email	Address:	
<input type="checkbox"/> Fax	Number:	

Please note that while most requests are processed immediately upon receipt in their respective department, under California State Law, *the laboratory has 15 days in which to fulfill each request.* Furthermore, some requests may require additional processing time in addition to the initial 15 days. If applicable, you will be notified.

ACCESSION INFORMATION (STAFF USE ONLY)

Sample ID or Accession Number(s) (If additional space is required, attach list)			

CONSENT

I hereby request West Pacific Medical Laboratory (WPML) to release copies of my laboratory results.

Signature of Patient or Legal Guardian (if minor): _____ Date: _____

Signature of Personal Representative: _____ Date: _____

*Must be accompanied by letter from patient giving authorization to release results to personal representative.

If I am a parent or legal guardian requesting access to minor's health records, I understand that I will not be provided access to records related to certain categories of results for example pertaining to pregnancy or STD's.

STAFF USE ONLY

Received by: (Employee Name or ID)		Date		Dept or PSC:	
Results provided to patient and/or personal representative? () Yes () No					