



**REQUEST FOR COPY OF PATIENT MEDICAL RECORD FOR  
PERSONAL USE.**

**RE:**      **Patient Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

I hereby request that \_\_\_\_\_ provide access to  
*(Name of Hospital or other provider)*  
medical records of the patient named above.

I request this access as the: (check one)

- \_\_\_\_\_ **Patient**  
\_\_\_\_\_ **Parent of the minor patient**  
\_\_\_\_\_ **Guardian of the minor patient \***  
\_\_\_\_\_ **Conservator of the person, psychiatric \***  
\_\_\_\_\_ **Conservator of the person \***

The type of access requested is: (check one)

- \_\_\_\_\_ **Inspection of the record**  
\_\_\_\_\_ **Copies of the record as follows:**

I request access to: (check one)

- \_\_\_\_\_ **Entire record**  
\_\_\_\_\_ **Following portions of the record only: (specify)**

\_\_\_\_\_

**Name:** \_\_\_\_\_  
**(Please Print)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*PLEASE FURNISH A COPY OF YOUR APPOINTMENT PAPERS  
WITH THIS REQUEST.**