

Medical Records Request Form

Date of Request:

Requestor (name and organization):

Patient Name:

Requestor contact information (phone and email):

Patient Date of Birth:

Requestor Fax #*:

*The Records Department's preferred method of transmission is fax. Records will be sent via secured email only if the requestor indicates they do not have fax capability.

☐ **Medical Records - Including Point of Care Urine Drug Screen Results**
(Please check what record(s) are being requested or insert the requested date range)

☐ All Medical Records

☐ Last Visit Note

☐ Requested Date Range of Records:

☐ **Treatment Verification Letter**
(Please check what information must be included)

☐ Treatment Start Date

☐ Drug Screen Frequency

☐ Most Recent Appointment Date

☐ Drug Screen Results

☐ Appointment Frequency

☐ Participation in Peer Support Services

☐ Medications and Dosage

☐ Prescriber Name

☐ **Boulder Care Prescribed Medication List**
(Please check what information must be included)

☐ Medication Name

☐ Medication Dose and Instructions

☐ Medication Quantity

☐ Prescriber Name

☐ **Request to Continue Care while Incarcerated**
(Web-Based Appointments are Required to Continue Prescribing a patient's medications)