



REQUEST FOR ACCESS TO MEDICAL RECORD

PLEASE PRINT:

Patient Name (Last, First MI) Birthdate UCI Student ID No.

Address City State Zip Code Telephone No.

I hereby request UCI Student Health Center to provide me access to my medical record.

The type of access I am requesting is: (check one)

- Personal inspection of the record
- Copies of the record, as follows:
 - ALL MEDICAL RECORDS Lab/Path Report(s): _____
 - Gynecology Records X-Ray Report(s): _____
 - Immunization Records X-Ray Film(s): _____
 - TB test results
 - Other (specify): _____

Signed: _____ Date: _____

Please check one:

- I will return to pick up the records.
Please call me when they are ready.
- Please mail the records to the above address.
- Please fax the records to: _____

For Dept. Use Only

MR No.: _____

Date Completed: _____

Initials: _____