EMERGENCY MEDICAL SERVICES REQUEST FOR MISSING INFORMATION

Date:

_____ County Department of Social Services

Attention: _____

Re: _____

After careful review of the submitted information, we have found that items are missing from the above referenced medical record. Please contact the appropriate provider(s) to obtain the following items and return them to __________________________ with this sheet:

☐ Discharge Summary
☐ History and Physical
☐ Emergency Room Records/ Triage
☐ Consultation Record/ Operative Report
☐ Physician’s Progress Notes
☐ Physician’s Order Sheets
☐ Nurse’s Notes
☐ Death Summary
☐ Other:

After acquiring the needed records, please include this sheet with the requested information and send via fax to __________________________, Attention: Alien Emergency Services Review or mail to the address listed above. Your assistance in providing the requested information will ensure prompt return of a decision. If you have any questions please call __________________________.

This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately.