

RECORD REQUEST FORM

PATIENT INFORMATION

NAME-Last* First* MI * Date of Birth *Sex

Other names to search (nicknames, former names, etc) Insurance I.D. Cell Phone or Other Primary Phone

*Address

PLEASE INDICATE THE MEDICAL RECORDS REQUESTED

_____ Results of the laboratory tests collected or dropped off today _____ date

_____ Prior Results specified below, Include:

Ordering Physician: Physician Full Address Date of Service Month and Year

_____ Other Records, specify records requested and appropriate date of service _____

PLEASE SELECT ONE OF THE FOLLOWING METHODS FOR TRANSMISSION:

*Send to (enter name if different from above) _____

By (please mark one)

_____ Fax Number _____

_____ Mail (enter address if different than above) _____

_____ E-mail address: ** _____

_____ Patient Portal (Personal Account)

_____ Patient Portal (Guardian Account)

**Note: E-mail is not recommended due to security, if requested security is at the risk of the requestor

My signature below authorizes AEL to release the records containing Protected Health Information I have requested. Two forms of ID are attached.

*Signature _____ Date: _____

*Printed Name _____ Initials _____

*Relationship: ___ Self ___ Parent ___ Legal Guardian (provide proof) ___ Personal Representative (provide proof)

American Esoteric Laboratories
 1701 Century Center Cove
 Memphis TN 38134

Phone: 800:423-0504
 Fax:
 email: patientrecords@ael.com Visit www.AEL.com

Internal Use Only RR 1 Rev 05/2014

PSC ID _____

Photo ID Verified by:

RECORD REQUEST FORM

Instructions for Record Request Form

1. Patient Information:

Information is for the person whose records are being requested. Name, address, date of birth and gender are required. Phone contact information and Insurance ID number will be helpful.

2. Medical Records Requested

- Check the first box for results of lab tests collected or dropped off today.
- If older records are requested give as much detail as possible about the records. Indicate ordering physician name, city and state as well as month and year the tests were run.

3. Method of Transmission

If the records are being sent to someone other than you, please enter the name of the person to receive the records. The records can be sent to you in several different ways:

- Please indicate your preferred way to receive the records.
- Give the appropriate address for the format you choose.

4. Signature

All requests must be signed and dated. If the person requesting the records is not the patient, please indicate what the relationship is between the requestor and the patient. Legal Guardians and Personal Representatives must provide written documentation to prove the authority to access the records.

This form can be left at the America Esoteric Laboratories (AEL) Patient Service Center if all documentation is available. Please provide a valid picture identification to expedite the process.

Alternatively, the form may be mailed, emailed or faxed to AEL along with a copy of two forms of identification (Driver's license or State Identification card, Insurance card, Military ID, Social Security card, Passport, US Tribal or Bureau of Indian Affairs ID card, Certification of Citizenship – N560, Employee Authorization card). See bottom of form for submission information.

Mail: AEL Customer Service
1701 Century Center Cove
Memphis, TN 38134

Fax: (901) 844-8669

Phone : 901-405-8200 or
800- 423-0504
