



East Allen Township Volunteer Ambulance Corps

4945 Nor-Bath Blvd. Northampton, PA 18067
610-261-9196 FAX 610-261-1271
www.eatvac.org

Medical Record Request Form

**Records concerning
(Patient):**

Name

_____/_____/_____
Social Security Number

_____/_____/_____
Date of Birth

Type of Records:

Invoices and Account Status Patient Care Records

Type of Access Requested:

Records Delivered by: Access to view/discuss records only.
 Copies personally picked up.
 Copies delivered by mail / email / fax

Date(s) of Service/Accident: _____ to _____

Release Information to: _____
Attorney Office/Company/Person's Name

Street Address

City

State

Zip Code

(_____) _____
Telephone Number

(_____) _____
Fax Number

Email

**Reason/Purpose for the
Request:**

Legal Purpose Personal Medical Insurance Workers Compensation Auto Insurance
 Other: _____