

OHC Request for Patient Medical Records



START HERE.

Referring Physician: _____

Fax Number: _____ Office Number: _____

Patient's Name: _____ Date of Birth: _____

Diagnosis: _____ Primary Care Physician: _____

Patient Scheduled with OHC Physician: _____

Date and Location to be Seen: _____

We Need the Following Records:

BREAST

- | | |
|---|--|
| <input type="checkbox"/> Mammograms/Ultrasound of the Breast | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Stereotactic Biopsy Report | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Operative Reports (Lumpectomy, Mastectomy, Nodes)
<i>*A patient may have only had a biopsy prior to
definitive lumpectomy or mastectomy</i> | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Pathology (Lumpectomy, Mastectomy, Nodes) to
include Hormone Receptors (ER/PR, HER 2 Neu, FISH) | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> MRI, CAT Scan, Other Scans | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> X-rays | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Consult/Office Visit Notes | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Labs (CA 27-29, CBC, Chemistry Panel) | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Oncotype/Mammaprint | <input type="checkbox"/> Received by OHC |
| <input type="checkbox"/> Genetic Testing Results | <input type="checkbox"/> Received by OHC |

OTHER OR PENDING RESULTS

Please Fax Documents to 513-762-2483 by This Date: _____

OHC Team Member Requesting Records _____

Thank you for choosing OHC. If you have any questions, please contact Medical Records at 1-888-649-4800 and press 5. 5053 Wooster Road, Cincinnati, Ohio 45226

NOTE: The information contained in these materials is confidential and intended only for the designated recipient. If you have received this fax in error, you are hereby notified that review, dissemination, distribution or copying of this information is prohibited. If you were not the intended recipient of this fax, please notify the sender immediately by telephone at 513-751-2145 for instructions on returning or securely destroying the original fax.