

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 OHC Location to be Seen: _____

We Need the Following Records:

COLON

<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Operative Notes	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Pathology Reports (EGFR if available)	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> CAT Scan/Other Scans	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Consult/Office Visit Notes	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> X-rays (CXR)	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Labs (CEA, CBC, Chemistry Panel)	<input type="checkbox"/> Received by OHC

RECTAL

<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Endoscopic Ultrasound Report	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Operative Notes & Additional Pathology	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Pathology Reports (EGFR if available)	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> CAT Scan Reports/Other Scans	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Consult/Office Visit Notes	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Labs (CEA, CBC, Chemistry Panel)	<input type="checkbox"/> Received by OHC

ANAL

<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Operative Notes and Additional Pathology	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Pathology Reports (EGFR if available)	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> CAT Scan Reports/Other Scans	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Consult/Office Visit Notes	<input type="checkbox"/> Received by OHC
<input type="checkbox"/> Labs (CEA, CBC, Chemistry Panel)	<input type="checkbox"/> Received by OHC

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

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