

Family Practice
 Jeffery Swenson, MD | Brian Muir, DO | Brad Wynn, DO | Cameron McHan, FNP-C | Aaron Catmull, FNP-C | Casie Taylor, FNP-C
 Shawna McCaffrey, FNP | Sara Zielinski, NP

Internal Medicine
 Margo Saunders, MD | Kevin Owens, MD- FACP | Tyson Steel, DO | Charles Clair, MD

Request for Medical Records
Provider requesting medical/health / billing records (Circle One):

Assume Patient Care as (PCP) Follow patient jointly Send my medical records Patient request own medical records

Today's Date: _____ **Patient Full Name:** _____ **DOB:** _____
Phone (H): _____ **Cell:** _____ **Work:** _____
Address: _____

Mailing Address
City
State
Zip

Where to request records from (Hospital, Clinic, or Dr. Office name and number)

Reason for request: Labs, X-Ray, Pathology, Cultures Medications and Immunizations Office visit, ER, Hospital admit and discharge, Operative report, H&P Cardiac studies, Pulmonary Function, Sleep Study Billing
 Other: _____

Name of facility/s and doctor/s who provided services to you: _____

Phone: _____ **Fax:** _____

Please send records via fax, mail, or secure email to the provided information below

Minidoka Medical Center, RHC
 1308 8th Street Suite 1
 Rupert, Idaho 83350
 Office: (208) 436-4322 Fax: (208) 436-1312

If you are the patient's parent or personal representative who can legally sign, please fill out and sign below.

Name: _____ **DOB:** _____ **Phone:** _____

Relationship to patient: _____ **Address, if different from patient:** _____

Representatives Signature: _____ **Today's Date:** _____

Patient signature: _____ **Today's Date:** _____

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