

EMERGENCY MEDICAL SERVICES REQUEST FOR MISSING INFORMATION

Date:

_____ County Department of Social Services

Attention: _____

Re: _____

After careful review of the submitted information, we have found that items are missing from the above referenced medical record. Please contact the appropriate provider(s) to obtain the following items and return them to _____ with **this** sheet:

- Discharge Summary**
- History and Physical**
- Emergency Room Records/Triage**
- Consultation Record/Operative Report**
- Physician's Progress Notes**
- Physician's Order Sheets**
- Nurse's Notes**
- Death Summary**
- Other:**

After acquiring the needed records, please include this sheet with the requested information and send via fax to _____, **Attention: Alien Emergency Services Review** or mail to the address listed above. Your assistance in providing the requested information will ensure prompt return of a decision. If you have any questions please call _____.

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