



The Carolinas Center *for* Medical Excellence

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Date:

_____ County Department of Social Services

Attention: _____

Re: _____

After careful review of the submitted information, CCME has 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 CCME 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**
- MA – 2504/3404 Figure – 7**
- Other: _____**

After acquiring the needed records, please include this sheet with the requested information and send via fax to **1-866-932-5926 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 1-800-682-2650.

*** NOTICE ***

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