

HEALTH INFORMATION MANAGEMENT DEPARTMENT

ST. JOSEPH'S HOSPITAL
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CANDLER HOSPITAL
5353 Reynolds Street
Savannah, GA 31405
PHONE: 912.819.6767
FAX: 912.819.6664

Patient Information:

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

What records do you need? (Check all that apply below)

Date of Service _____

<input type="checkbox"/> Abstract	<input type="checkbox"/> Emergency Room Record	<input type="checkbox"/> Radiology Reports	<input type="checkbox"/> Therapy Notes/Reports
<input type="checkbox"/> Demographics	<input type="checkbox"/> Cardiac Cath Report, Echo, EKGs	<input type="checkbox"/> Radiology Images	<input type="checkbox"/> Pathology Slides
<input type="checkbox"/> Dictated Reports (H&P, OP Note, Discharge Summary, Consults)	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Medication Administration Record	<input type="checkbox"/> Physician Office Notes/Forms
<input type="checkbox"/> Other _____			

How would you like your records delivered?

☐ Paper ☐ Mailed ☐ In-Person Pickup

☐ Electronic (email, Portal, Other) Please specify _____

Where do you want the records sent? ☐ Self ☐ Personal Representative (indicate below)

Recipient Name:	Phone:
Mailing Address:	Email Address:

Please print your name and sign below:

Printed Name _____ Date _____

Signature of Patient or Personal Representative _____

Relationship _____

