



Request for Patient Care Report Patient Requesting His/Her Own Record

INSTRUCTIONS:

1. **This form is to be used ONLY by adult patients (18 years or older) requesting a copy of a report for care they received from the Frederick County Division of Fire and Rescue Services.** If this does not apply to you, please return to www.frederickcountymd.gov to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Patient Information:

My name is: _____

My mailing address is: _____

Phone: _____ Email: _____

Incident Information:

Incident Date: _____ Incident Time: _____

Incident Location (street address, intersection, etc) _____

REMEMBER TO ENCLOSE THE FOLLOWING:

- Copy of my driver's license or other equivalent photo I.D.

I affirm that I am the patient indicated above and that I am requesting a medical report for care I received from Frederick County Fire and Rescue Services.

Signature

Date

Please send this signed and dated form, and a copy of your driver's license or equivalent photo I.D. to:

**Frederick County Fire and Rescue Services
Records Office
5370 Public Safety Place
Frederick, MD 21704
Fax: 301-600-1018**

To allow for processing time, walk-in requests must provide 24 hour notice before visiting office.

If you have any questions, please contact the Records Office at 301-600-1308.