

# Request for Medical Records

Some teams may operate under legislation that gives them access to medical records for cases being reviewed. The following form may assist in obtaining those records.

## MEMORANDUM

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

*CONFIDENTIAL*

\_\_\_\_\_ (applicable legislation) states that providers of medical care shall provide medical information regarding a child whose death is being reviewed by a Child Death Review Team. Pursuant to this Act, the \_\_\_\_\_ Child Death Review Team requests the medical records on the following deceased children who we believe have been seen at your facility.

Name	Date of Birth	Date of Death	Approximate Date(s) of Evaluation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any questions, please call \_\_\_\_\_.

Thank you for your assistance.