

Request for Patient Care Report

Patient Requesting His / Her Own Record



INSTRUCTIONS:

1. **This form is to used ONLY by adults patients (18 years or older) requesting a copy of a report for care they received from the Singerly Fire Company.** If this does not apply to you, please return to www.singerly.com/firerecords 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: _____

Day Phone: _____

Evening Phone _____

Incident Information

Incident Date: _____

Incident Time: _____

Incident Location (street address, intersection, etc.): _____

Remember to enclose the following

- Copy of driver's license or other equivalent photo I.D.
- Check of money order in the amount of **\$75.00** payable to "Singerly Fire Company"

I affirm that I am the patient indicated above and that I am requesting a medical report for care I received from the Singerly Fire Company.

Signature

Date

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

Singerly Fire Company
Attention: Assistant Chief for EMS
PO Box 444 Elkton, MD 21922-0444

To allow for processing time, no walk-in requests will be accepted.

If you have any questions, please contact the Assistant Chief for EMS at 410-398-2078 Ext. 248.