

Office of the Coroner/Medical Examiner

1704 Pinto Lane · Las Vegas NV 89106

(702) 455-3210 · Fax: 702-380-9925 · Email: CoronerMedicalRecords@clarkcountynv.gov

Melanie Rouse, Coroner · Tami Sedivy-Schroder, Assistant Coroner

PLEASE MAKE A NOTE OF OUR NEW	/ FAX NUMBER
ALL AREA HOSPITAL FA CONSENT TO RELEASE MEDICAL CLARK COUNTY CORONER (UNDER 45 CFR 10	RECORDS TO
Name of Patient: (the "Patient")	
Date of Birth: Social Security Number:	
Date of Death:	
I,, a duly authorized designee of the Clark County Office of the Coroner, authorized investigation into the cause of death of the Patient, and in accordance Code Section 2.12.070 et seq., and 45 CFR 164.512 (g) (1), hereby request the total (both present and prior) of the Patient to me. In connection with this consent total indicated, we hereby release and hold the hospital below (and all of their officer and their affiliated companies) harmless against any claim, suit or action for wr	we with my authority under NRS 259 and Clark County release of all medical records, specimens and X-rays prelease and as a duly authorized designee and agent a rs, directors, staff, agents, representatives, employees,
Dated this day of,	
Please indicate your hospital/medic	Signature
	Hospital Sunrise Hospital UMC Hospital UMC Hospital Valley Hospital VA of Southern NV tal ital
Please fax or email the following requested reconstruction <u>CoronerMedicalRecords@ClarkCounty</u>	
Emergency Room Record Progress Notes	Radiology Reports 🗌 Labs
History & Physical Consultation Reports	Toxicology Screen on Admission
Discharge Summary Outpatient Record	Face Sheet / Admission Record
Operative Report Other:	

Note: This transmittal is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any dissemination, distribution, or photocopying of this communication is strictly prohibited. If you have received this communication in error, please notify this office immediately by telephone and return the original fax to us. If you experience any problems in receiving this transmission, please call our main number at (702) 455-3210. If we do not hear from you, we will assume that you have received all the pages and they are legible.