

CASS COUNTY CORONER
1220 25TH STREET SOUTH
FARGO, NORTH DAKOTA 58103
TEL (701) 241-5920 FAX (701) 241-5922

REQUEST FOR MEDICAL RECORDS

Patient Name: _____ Date of Birth _____

The above named patient died in the County of Cass, North Dakota.
The circumstances are such that the death has come under the jurisdiction of the
CORONER.

We need your assistance to complete our investigation. Under 45 C.F.R. § 164.512(g)(1), this office has the authority to gain immediate access, **without delay**, to the records of the deceased patients that come under our jurisdiction.

We understand the above named patient has been under your care in the past.
Please Send the Following Records:

X Face sheet (next of kin)	X Transfer Summary	X ER Report(s)
X History & Physical	X Consultation Report(s)	X Progress Notes
X Operative Summary	X Pathology/Cytology Report(s)	X Radiology Reports
X Discharge summary	X Laboratory Report (drug & EtOH only)	X EEG/EKG

Additional request: _____ - present only.

The following records may be faxed to the Cass County Coroner's Office. Thank you for your cooperation into this urgent matter.

Please fax the requested records to: (701) 241-5922.

Regards,

Kriste Rehkamp Ross, F-ABMDI #1716

Cass County Coroner