

CENTRAL DISTRICT: 400 E. Jackson St. Richmond, Virginia 23219-3694 (804) 786-3174 800-447-1708 FAX (804) 371-8595

COMMONWEALTH of VIRGINIA

Department of Health

TIDEWATER DISTRICT: 830 Southampton Ave., Suite 100 Norfolk, Virginia 23510 (757) 683-8366 800-395-7030 FAX (757) 683-2589

NORTHERN VA. DISTRICT: 10850 Pyramid Place, Suite 121 Manassas, Virginia 22032-1700 (703) 530-9210 FAX (703) 530-0510

FILE # _____

WESTERN DISTRICT: 6600 Northside High School Road Roanoke, Virginia 24019 (540) 561-6615 800-862-8312 FAX (540) 561-6619

____ ME

DATE:	RE:
TO:	DOB:
FAX:	SSN:
ATTN:	DOD:
The death of the above named decedent has come under the jurisdiction of the Office of the Chief Medical Examiner. To assist us in completing our investigation, please forward to this office copies of the record as requested below in accordance with Virginia Code §32.1-283B and HIPAA 45 CFR 164.512(g) .	
 □ COMPLETE CHART (ALL SECTIONS) □ Emergency Room Record □ Admission History & Physical □ Death Summary □ Radiology reports □ Pathology report □ Out Patient records □ OTHER Thank you for your attention to this matter.	□ Rescue Squad Run Sheet □ Discharge Summary □ Lab reports □ Progress notes □ Operative report(s) □ Birth record □ NO RECORD FOUND Please send a copy of this letter with the records to the
attention of <u>INV. YOUR NAME</u> . If there is no record, please check below and return this request by fax or mail.	
Sincerely,	
Your Name Medicolegal Death Investigator Office of the Chief Medical Examiner Central District	FAX: 804-786-0667
POST Accredited by	by the National Association of Medical Examiners
VIEW SCHOOL FILE LOCA	TION: DESKSHELF FILE ROOMCME-1 RACKS