

REQUEST FOR MEDICAL RECORDS

Patient needs to send to their hospital's Medical Records Department

I am being evaluated for malignant hyperthermia susceptibility.

Please send a copy of my hospital medical records for review, including:

- Anesthetic Records
- PACU/Recovery Room Records
- History and Physical
- Progress Notes
- Nurse's Notes
- Vital Signs/TPR Records
- Laboratory Results
- Discharge Summary

**Send to the following:
MH Testing Center X**

Attn: Dr. X

Address line 1

Address line 2

City, State, Zipcode

Patient's Name: _____

Date of Birth: _____

Dates of Hospitalization:

Reason For Hospitalization:

Signature: _____

Date: _____

Print Name: _____

Relationship to Patient: _____