



RIO VERDE FIRE DISTRICT

17619 E. Rio Verde Drive
Fax (480)471-1871
Email: info@riooverdefire.org

Medical, Ambulance &/or Fire Records Request Form

Please provide as much information as possible.
Missing information may result in a delayed response to your request. A separate form is required for each request.

Date: Document Order/Transaction #:

Requested by:

Requestor's Company:

Requestor's Address, City, St. & Zip:

Requestor's Phone: Requestor's Fax:

Requestor's Email:

Reason for Request:

Items Requested: Fire Incident History Itemized Billing Statement Medical/Ambo Records

Request for Commercial Purposes? Yes No Was Patient Transported by Ambulance? Yes No

Patient Name: DOB:

Due to HIPAA laws additional information is required when requesting medical records.

Fire Incident Num: Time of Incident:

Date of Incident: Date Range:

Incident Location
(address or cross streets):

Disclaimer: The Rio Verde Fire District, it's agents and employees have provided the most complete information or documents available and assume no liability for incomplete or inaccurate documents or information.

Notes: