80 Highland Street Laconia, NH 03246 (603) 524-3211

concordhospital-laconia.org

## AMENDMENT OF THE MEDICAL RECORD REQUEST

| Name:   |   | DOB:   | Medical   | Record #:   |
|---|---|--|---|---|
| Address:  |   |  |   |   |
| Phone number:   | (Home)  |  | (Work)  |   |
| and should be sup I understand the hon my request, ar In any event, this understand that more than 30 day Describe the informal in the supplementary in the | oplemented with explanal nealth care provider mand under no circumstand request for an addendury request will be process. | accurately reflects ratory information in y or may not suppleces, is able to modified will be made part assed in 60 days or I ded (e.g., lab test re | ocumentation made by<br>my condition/treatment/d<br>the form of an addendur<br>ment the medical record<br>y the original documenta<br>of my permanent medic | liagnosis/treatment of service<br>in to the medical record.<br>is with an addendum based<br>ation of the medical record.<br>It record. In addition, I<br>eed of an extension of not |
| What is your reas   | on for making this requ   | est?   |   |   |
| How is the entry is   | ncorrect, incomplete or   | outdated?  |   |   |
| What should the e   | entry say to be more acc  | curate or complete?  |   |   |
| pharmacist, health  | n plan, or other health c   | are provider)?   | the information in question Yes   |   |
| Name:   |   | Address:   |   |   |
|   |   |  |   |   |
| Signature:  | (Patient or Legal Re  | presentative)  | Date:   | Time:   |