



AMERICAN ESOTERIC LABORATORIES

A Sonic Healthcare Clinical Laboratory

Information for patients

Record Request Form

Instructions for Record Request Form

1 Patient Information:
Information is for the person whose records are being requested. Name, address, date of birth and gender are required. Phone contact information and Insurance ID number will be helpful.

2 Medical Records Requested

- Check the first box for results of lab tests collected or dropped off today.
- If older records are requested, give as much detail as possible about the records. Indicate ordering physician name, city and state as well as month and year the tests were run.

3 Method of Transmission
If the records are being sent to someone other than you, please enter the name of the person to receive the records. The records can be sent to you in several different ways:

- Please indicate your preferred way to receive the records.
- Give the appropriate address for the format you choose.

4 Signature
All requests must be signed and dated. If the person requesting the records is not the patient, please indicate what the relationship is between the requestor and the patient. Legal guardians and personal representatives must provide written documentation to prove the authority to access the records.
This form can be left at the America Esoteric Laboratories (AEL) Patient Service Center, if all documentation is available. Please provide a valid picture identification to expedite the process.



Alternatively, the form may be mailed, emailed or faxed to AEL along with a copy of two forms of identification (Driver's license or State Identification card, Insurance card, Military ID, Social Security card, Passport, US Tribal or Bureau of Indian Affairs ID card, Certification of Citizenship - N560, Employee Authorization card). See bottom of form for submission information.

Mail: AEL Customer Service
1701 Century Center Cove
Memphis, TN 38134

Fax: 901.844.8669

Phone: 901.405.8200 or
800.423.0504

