



Berkeley Fire Department
Emergency Medical Services



Request for Patient Care Report **Patient Requesting Their Own Record**

INSTRUCTIONS:

- 1. This form is to be used ONLY by adult patients (18 years or older) requesting a copy of a report for care they received from the Berkeley Fire Department.**
- 2. ALL indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.**

Patient Information:

My name is: _____

My mailing address is: _____

Day Phone: _____ Evening Phone: _____

Incident Information:

Incident Date: _____ Incident Time: _____

Incident Location (street address, intersection, etc) _____

REMEMBER TO ENCLOSE THE FOLLOWING:

_____ Copy of my driver's license or other equivalent photo I.D.

_____ Check or money order in the amount of \$20.00 payable to **'Berkeley Fire Department'**

I affirm that I am the patient indicated above and that I am requesting a medical report for care I received from the Berkeley Fire Department.

Signature _____
Date

Please send this signed and dated form, a copy of your driver's license or equivalent photo I.D., and your check or money order to:

Berkeley Fire Department
Accounting Division
2100 Martin Luther King, Jr. Way, 2nd Floor
Berkeley, California 94704

If you have any questions, please contact the Accounting Division at 510-981-5538.

