



# Minnetonka Animal Hospital

3318 Groveland School Road Minnetonka, MN 55391  
(952) 473-1239

## Medical Record Request

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Pet Name:** \_\_\_\_\_ **Client Telephone:** \_\_\_\_\_

Request For:  Chart  Other: \_\_\_\_\_  
 X-Ray No. of x-rays \_\_\_\_\_

***I understand these films are the property of Minnetonka Animal Hospital  
and they will be returned directly to this hospital after my appointment.***

Reason for Request:  Other Doctor's Office/Hospital \_\_\_\_\_  
(please list Clinic name)

U of M  Other \_\_\_\_\_  
(reason for transfer of records)

Sent to Doctor  Given to Client

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Client Signature Date

**In Hospital Use Only:**

### Medical Record Review Checklist (Initial Each Box)

\_\_\_\_\_  
*Initial* Verified that client A/R balance is \$0.00.

\_\_\_\_\_  
*Initial* Checked collection records. Client not sent to collections.

\_\_\_\_\_  
*Initial* Verify that client information is correct (name, address, etc.)

**Chart reviewed by Doctor or Office Manager**

\_\_\_\_\_  
*Initials of DVM or Mgr* List name

\_\_\_\_\_  
Chart released by Date

- Complete this form for all transfers requested.
- Send copy of chart to requested doctor or give to client (**client must sign in space provided**)
- After client's chart has been sent, provide a **copy of completed request form to the office manager.**
- **Place original copy of transfer request in client's chart.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_