



Request for Patient Care Report

Patient Requesting His/Her 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 Baltimore County Fire Department.** If this does not apply to you, please return to www.baltimorecountymd.gov/firerecords to find the appropriate information and instructions.
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 **\$15.00** payable to "Baltimore County Maryland"

I affirm that I am the patient indicated above and that I am requesting a medical report for care I received from the Baltimore County 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:

**Baltimore County Fire Department
Records Office
700 East Joppa Road
Towson, MD 21286-5500**

To allow for processing time, no walk-in requests will be accepted.

If you have any questions, please contact the Records Office at 410-887-2071.