Rev 10/2019

Form 302

REQUEST FOR MEDICAL RECORDS

Name of Injured Employee			
Address			
Social Security Number			
Phone Number			
Name of Employer			
Name of Industrial Health Care Pro	ovider		
	CORDS NEEDED TO E ABOVE INDUSTRI (Only those checked are	IAL INJURY/ILLNE	
Histories and Physicals	Emergency R	oom Records	Discharge Summaries
Radiological Reports	Specialized Testing Results		
Operative Reports Related	to the Industrial Injury/I	llness	
Physician Progress Notes a may be made available to th	1 1		ary of the patient's record
I have reviewed the above injured e substantiate his/her industrial injur		ify that the above medic	al records are needed to
	Signature - Industrial	Accidents Management	Date
* Per Rule R612-300-10(C), the medical records free of charge attorney, the medical provider	e. However, if the reco	ords are requested by	y an injured workers'
*PLEASE RELEASE T REQUESTOR. DO NOT			
	UTAH LABOR CO	MMISSION	

160 East 300 South 3rd Floor P.O. Box 146610 Salt Lake City, Utah 84114-6610 Office: (801)-530-6800 Fax: (801)-530-6804 Toll Free: (800)-530-5090 <u>www.laborcommission.utah.gov</u>