



YUMA REGIONAL MEDICAL CENTER

Caring for the growing needs of our communities

Request for Change in the Health Record

I, _____, have reviewed my Health Record and request the following change(s) be made:

If additional space is needed, please continue on reverse side

Patient Signature

Date

I APPROVE THE PATIENT-REQUESTED CHANGE(S) IN THE HEALTH RECORD, AND WILL BE HAND-WRITING OR DICTATING AN ADDENDUM ACCORDINGLY

Physician Signature

Date

I HAVE NOT APPROVED THE PATIENT-REQUESTED CHANGE(S) IN THE HEALTH RECORD.

Physician Signature

Date