Request Form Offsite Storage

To request records please complete all information on this form and click on the "Submit Form" button to send to Cybergisitcs for processing

Clear Form Submit Form

TO: **Cybergistics** **Email to: jr@cybergisticsllc.com or FAX to: (732) 918-1661**

FROM: _____ DATE: _____
Hospital/Facility Name (MM/DD/YYYY)

Contact Name: _____ Title: _____
First Last Job Title

Telephone #: _____ Fax #: _____ E-mail: _____
(XXX) XXX-XXXX (XXX) XXX-XXXX

Patient or File Name (Last, First)	**Medical Record #**	**Volume No./ Disch Date(s)**	**Type of Record** (ED, SDS, Inpatient)	**Customer Box Number**	**Request Details** (Entire Record, Abstract, Microfiche, Fetal Monitor Strip etc.)	**Delivery Urgency** (Standard – Next Deliv., Rush – Today, Rush – Within 2 Hours)	**Delivery Method** (Fax, Hardcopy Original, Scan)

****If any request listed on this form is an *urgent/emergent request*, please call Cybergistics at 732-918-6100 to request the record****

Cybergistics Office Use Only:

Date Received:_____ Time Received:_____ Initials:_____ Date Complete:_____ Time Complete:_____ Initials:_____