

PLAINFIELD FIRE PROTECTION DISTRICT
EMS DIVISION
P.O. BOX 911
23748 W. 135th St.
PLAINFIELD, IL 60585
815-436-5335
815-436-6420 FAX



REQUEST TO RELEASE COPIES OF MEDICAL RECORDS

I, _____ hereby request from the
(printed name)

Plainfield Fire Protection District a copy of the EMS Run Report
from the file of _____.
(PATIENT NAME PRINTED AND DATE OF SERVICE)

☐ I am the patient.

☐ I am the legal guardian of the above named minor patient.

☐ I have Durable Power of Attorney.

As verified by evidence of: _____

Signature: _____

Address: _____

City: _____ State _____ ZIP _____

Phone: _____

Released by: _____
(For the Plainfield Fire Protection District)

Date: _____