

SHC/LPCH – MRN Request Form

(*Please provide legible and complete information)

Instructions: Please fax form to Admitting and call after to confirm receipt.

Date: _____

To: SHC Main Admitting/ Fax: 723-1215 / Tel: 723-6221
LPCH Admitting-Amy Salamanca/ Fax: 725-3574 / Tel: 497-8229

Requestor's Information:

Name: _____

Dept.: _____

Tel: _____ Fax: _____

P.I. Name: _____ (Attending Physician)

Study Name: _____

Study Acct.: _____ (98 or Mnemonic Acct.#)

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Sex: Male / Female

For LPCH only: Parent's Name: _____ Born at LPCH? Y / N

SSN: _____ - _____ - _____ D.O.B.: _____ / _____ / _____

Address: _____

City/State/Postal Code: _____

Ethnicity: (circle one) Hispanic / Non-Hispanic / Unknown

Race: (circle one) Asian / Black / Native American / Native Hawaiian/
White/ Other / Unknown

Primary Language: _____

MRN: _____ (Admitting will fax back with assigned MRN)