

Transferring of Health Records for Evacuation Worksheet

DATE SENT: _____	DATE RECEIVED: _____	DATE RETURNED: _____
Sender's Facility:	Receiving Facility:	# of records sent <input style="width: 40px;" type="text"/> # of records returned <input style="width: 40px;" type="text"/>
Sender's Name:	Recipient's Name:	Recipient's Name:
Sender's Title:	Recipient's Title:	Recipient's Title:
Sender's Signature:	Recipient's Signature:	Recipient's Signature:

SENDING				RETURNING		COMMENTS
Name of Client	Client ID#	Initials	Received (Initials)	Initials	Received (Initials)	