



8164 Executive Ct., Suite C  
Lansing, MI 48917  
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**University of Michigan Hospital  
Dept. Radiology Film Room  
Room UH B1D240-F 1500 E. Medical Center  
Ann Arbor, MI 48109-0030**

**Axiom Requisition Copy Service**  
8164 Executive Ct., Suite C Lansing, Michigan 48917  
**517.886.5099 – 877.886.5090 toll free – 517.886.4116 facsimile – [records@axiomcopy.com](mailto:records@axiomcopy.com)**

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**REQUEST FOR RECORDS - ORDER NUMBER 59729-3**

TO THE CUSTODIAN OF RECORDS

Date Sent: July 11, 2019

**University of Michigan Hospital  
Dept. Radiology Film Room  
Room UH B1D240-F 1500 E. Medical Center  
Ann Arbor, MI 48109-0030**

Please find enclosed a request for records of:

**abcd tttt**

**DOB 07/01/2019 SSN**

We are requesting the following:

***FROM 07/01/2019 TO 07/11/2019: Any and all FILMS, CT Scans, MRI, Ultra Sounds, etc. (ON CD IF AVAILABLE) pertaining to abcd tttt SSN: , DOB: 07/01/2019.***

**INSTRUCTIONS**

- FORWARD INVOICE WITH RECORDS – If fee is greater than \$50.00 Pre-approval is required
- PLEASE DO NOT STAPLE DOCUMENTS.
- Mail, email, via portal or fax the records to: Axiom Requisition Copy Service (as agent of Mark Dolinski, 21st Century Insurance), 8164 Executive Ct., Lansing, MI 48917 – Phone: 517.886.5099 – Fax: 517-886-4116 – Email: [records@axiomcopy.com](mailto:records@axiomcopy.com).

**SIGN AND RETURN THIS FORM WITH THE REQUESTED RECORDS**

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**CERTIFICATION OF RECORD SUBMISSION**

*I certify in response to the request issued to me, that I have submitted a true and complete copy of all requested documents in my control or possession relating to the above person; and that (A) The record was made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters; (B) The record was kept in the course of the regularly conducted business activity; and (C) It was the regular practice of the business activity to make the record.*

\_\_\_\_\_  
Signature of the custodian of records

\_\_\_\_\_  
Date

If you are sending only part of the documents requested above and some are not in your possession, please check the appropriate boxes below:

☐ No Medical Records      ☐ No Billing Records      ☐ No X-Ray Films      ☐ No Pathology Records/Slides

If you do not have any of the records requested, please contact our office for an affidavit of no records or send us a letter on your letterhead stating you do not have any of the records requested.

