FORREST HEALTH
CONTRACTS AND LEGAL SERVICES DEPARTMENT
REQUEST FOR PUBLIC RECORDS
(This form is not for medical record requests)

Name of Person Requesting:_______________________________________________________
Company (or Firm) Name:________________________________________________________
Street/Mailing Address:__________________________________________________________
City, State, Zip:_________________________________________________________________
Telephone:________________________            Date of Request: _________________________
Email Address:_____________________

Material Requested (Please be as clear and concise as possible):
______________________________________________________________________________
______________________________________________________________________________

Type of Review Requested:   _______ Personally Inspect          _______ Copy of Material
($.15/per sheet)

Special Instructions (if any):_______________________________________________________
______________________________________________________________________________

Please submit this request to one of the following:
(Please do not fax or email medical record requests)

By U.S. Mail:       By Facsimile:   By E-mail:
Forrest General Hospital  601-288-4360  open.record@forrestgeneral.com
6051 Hwy. 49
Hattiesburg, MS 39401-7201
Attn: Contracts and Legal Services Dept.

Note: Actual costs of gathering and reproducing requested materials will be the responsibility of
the requesting party.

For Office Use Only:
Date Received:_________________________
Date of Initial Response:________________________
Date of Approval/Denial:________________________   Reason for Denial:_____________
(Enter Miss. Code Exemption)