



Medical Records Tracking Worksheet

Provider	Date requested	Method	Follow-up	Date received
<i>County General Hospital</i>	<i>May 5, 2025</i>	<i>Fax</i>	<i>May 12, 2025 May 19, 2025</i>	<i>May 20, 2025</i>



Medical Records Tracking Worksheet

Applicant Name:	SSN:	DOB:
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