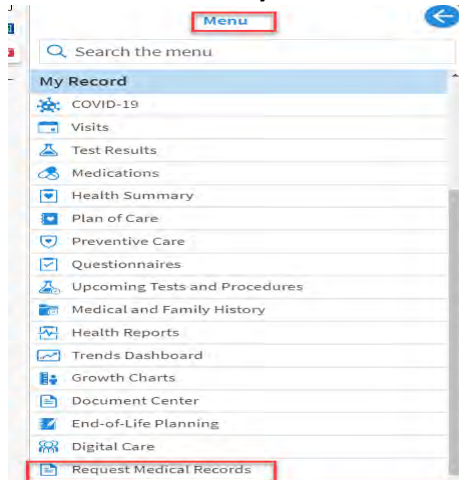


Requesting Froedtert Health Medical Records through MyChart

1. Go to *froedtert.com* and **log into your MyChart** account.



2. Click on **Menu**
3. Scroll down to the **My Record** section and click on **Request Medical Records**



4. Complete the request. Note the * indicates a selection is required.

A. Where would you like to request medical records from?

1. Select Froedtert Health for records. Continue through the electronic form to make selections. Click on the Include buttons to make your documentation selection.

Request Formal Copy of Health Record

Request your medical record from your healthcare provider by answering a few questions. This request requires processing by your healthcare organization and might take a few days.

Please identify which facility you are requesting records from.

Submit a new request for a formal copy of your health record
*Indicates a required field

* Where would you like to request medical records from?
*Froedtert Health facility locations include: Froedtert Hospital, Froedtert Menomonee Falls Hospital, Froedtert West Bend Hospital, Froedtert Holy Family Memorial Hospital, Froedtert Community Hospital, Froedtert and the Medical College of Wisconsin Community Physicians, Medical College of Wisconsin, Drexel Town Square Surgery Center, Froedtert Surgery Center, Lake Country Surgery Center, Menomonee Falls Surgery Center, West Bend Surgery Center.
*Froedtert South facility locations include: All Kenosha and Pleasant Prairie facilities (hospitals and clinics).

Froedtert Health

Who should we send this record to?
Me Someone else

*What dates do you want information from?
For Froedtert Health, if you do not receive all the records you are expecting please contact us at 262-836-2453. If all dates are selected, the last two years of medical records will be released. Please provide approximate dates, if known.
For Froedtert South, only medical records from February 20, 2020 forward are available using this electronic request form. To request medical records prior to February 20, 2020, please call 262-856-2283.

Date range: All dates

*What information do you want included in the record?

Abstract Report Only What is this?	Include
After Visit Summary Only	Include
Consult Note Only	Include
Discharge Summary Only	Include

Follow the prompts to complete the request form.

There will be an opportunity to review your selections and make changes before you submit the request.

5. Once reviewed and when you are ready to submit the request, click on the 'I agree' box and then click on 'Send Request' or click on the Back button to look over the request and make other changes before submitting the request.



Consent for release of information
I understand (acknowledge) that this record

I agree

The image shows a screenshot of a web form titled "Consent for release of information". Below the title is a line of text: "I understand (acknowledge) that this record". There are two main interactive elements: a checkbox labeled "I agree" and two buttons labeled "Send request" and "Back". Red rectangular boxes are drawn around the checkbox and the "Send request" button, highlighting them as the primary actions to be taken according to the instructions.