Minneapolis Clinic of Neurology

Request for Amendment/Correction to Medical Records

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Golden Valley, MN 55422
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Phone: 763-302-4125 | Fax: 763-302-4087

Patient Name: _____ DOB: _____/_____/_____

Patient Chart Number: _____ Date of Service to be amended: _____

Type of Entry: _____ Amendment
_____ Correction

Description of request to amend or correct:

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Signature of Patient or Legal Guardian Date