



record. Multiple records may be included on one CD. Please label the CD with your hospital's name and the date of selection (found on the case listing).

Example: 283395501914.pdf

If your facility has the ability to provide online access to requested medical records, please contact Jarrod McClain 479-573-7780 ([jmccclain@afmc.org](mailto:jmccclain@afmc.org)) to make arrangements for online record review.

If you have any questions regarding chart submission, please contact Karla Batey 479-573-7756 ([kbatey@afmc.org](mailto:kbatey@afmc.org))

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\* NOTE: This cover sheet must be included with all records submitted via mail, \*  
\* whether paper copy or CD and returned to AFMC within thirty (30) calendar days \*  
\* of the request date at the top of this letter. \*  
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