

Tripler Army Medical Center  
Release of Information  
Health Information Management  
MCHK-PAR  
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Tripler AMC HI 96859-5000

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**Patient Contact Information**

**IMPORTANT:** Leave your contact information so we may reach you when your request is complete. If you do not pick up your records within 60 days of notification, your request will be destroyed and you will need to enter in a new request for copies.

**Print Clearly**

Point of Contact (name):

Home Phone:

Cell Phone:

Address:

City, State, Zip Code:

E-Mail Address: