



Treating health care providers may obtain copies of patients'/residents' advance directive forms, Do Not Resuscitate cards, or Physician Orders for Scope of Treatment forms from the WV e-Directive Registry by providing the below three items to the WV e-Directive Registry via FAX.

1. Request for information sent on facility FAX cover sheet or letterhead
2. Face sheet from the patient/resident chart from the treating facility
3. Signed copy of the request below

These records will be available for distribution between 8:00 am and 4:00 pm EST. Please call the toll free number below when requesting this information so that we can serve you in a timely manner.

WV e-Directive Registry

FAX 844-616-1415

Toll-Free Phone Number for Questions

877-209-8086

Request for Release of Records from the WV e-Directive Registry

I agree and certify that I am a health care provider of _____, that I have a treatment relationship with the identified patient/resident, and that I will use the requested documents only for the permissible purpose of treating this patient.

Treating Health Care Provider (PRINT)

Treating Health Care Provider Signature

Treating Facility

Treating Health Care Provider FAX (**where requested documents should be sent**)

Treating Health Care Provider Phone

Date _____