

**COURT APPOINTED SPECIAL ADVOCATES**

**(CASA) OF FRANKLIN COUNTY**

373 SOUTH HIGH STREET, 15TH FLOOR

COLUMBUS, OH 43215

VERIFY# **[Personal Phone Number]**

Date: [Today’s Date]

THE TRANSMISSION OF THIS EMAIL IS INTENDED FOR RECEIPT ONLY BY THE BELOW NAMED PERSON AND CONTAINS CONFIDENTIAL INFORMATION WHICH MAY BE COVERED UNDER THE ATTORNEY/ CLIENT PRIVILEGE. IF THIS TRANSMISSION IS RECEIVED IN ERROR, PLEASE CONTACT [Phone Number] IMMEDIATELY.

SENT TO: NCH Records

ORGANIZATION: CASA of Franklin County

FROM: [Your full name], Volunteer Guardian Ad Litem (GAL)

IN RE: [Child’s Name and Date of Birth]

· Immunization summary

· Visit Summary

· Medication List

· Office Visit Progress notes -1 yr

[If you want surgery/ admission detail:

· Operative notes

· Pathology/Lab results

· Discharge summary

· Relevant Imaging]

Please review the order of appointment for the children listed above.  **Please email medical records to [your email]**

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Thank you in advance!