



THE VALLEY HOSPITAL
Ridgewood, New Jersey

Addressograph

Demographic Correction Request Form

(Not For Number Merge Use)

Please fill in as much information as possible for each section. This information is crucial to performing corrections. ***Name, Birth date, Social Security Number and Address are the most important and must be completed, along with a copy of a valid driver's license or a legal form of identification*, in order to correct any errors.*** This form can be faxed to the Medical Records Dept. at (201) 251-3593 attn: Ronni Sue Brennan.

CORRECT:

INCORRECT:

Name: _____

Name: _____

Birthdate: ____/____/____

Birthdate: ____/____/____

SS#: ____-____-____

SS#: ____-____-____

Phone Number: () ____-____

Phone Number: () ____-____

Address: _____

Address: _____

Patient Signature: _____ Date: _____

CHANGES WILL NOT BE MADE UNLESS ALL DOCUMENTATION IS PROVIDED. THANK YOU.

**Valid Driver's License, County ID, DMV-ID only card, Valid Passport, Resident Alien Card.*

For internal use only

Form completed by: _____

Unit\Dept: _____

Extension: _____

Date: _____