

# Medical Record Requests

## Methods to submit Medical Record Requests

- Electronically via myAdvocateAurora
- Email
- Mail
- Fax



**Fax:** (414) 385-8032

**Phone:** (414) 979-4590 Option 4

**Email:** [AuroraReleaseofInfo@aah.org](mailto:AuroraReleaseofInfo@aah.org)

**Mail:** Aurora Health Care Medical Records

PO Box 0909996 Milwaukee, WI 53029

## **To Request Medical Records through the MyAdvocateAurora Portal**

1. Log in to your MyAdvocateAurora Portal Account by visiting [www.myadvocateaurora.org](http://www.myadvocateaurora.org)
2. Click on the profile icon on the top right of your screen
3. Under the Manage Your Record section, click on Request Medical Records
4. Fill out the appropriate sections of the request
5. Click Submit on the bottom of the screen

\*these request have a 5 business day turnaround time