# Drexel University Physcians®
# Electronic Medical Record Break the Glass Status Request

I am requesting that my electronic medical record with Drexel University Physicians® and that of my immediate family members listed below be accorded Break the Glass status.

| Patient Name | Date of Birth | Home Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Employee or Student Name

Employee Signature _____ Date _____

Phone number where you can be reached during the day

I am employed by:
- ☐ Drexel University College of Medicine
- ☐ Drexel University
- ☐ Tenet (including house staff)

I am a student at:
- ☐ Drexel University College of Medicine

Please return completed copy to: Greg Johnson, Director, Systems Support
COM IT
Fax: 215-255-7702