

Patient Merge Request Form

Request a patient record merge from CalREDIE Help by marking the Patient Records for merge, completing the below form, and sending it by email to CalREDIEHelp@cdph.ca.gov with "Merge Request" in the Subject line. Once the Patient Record merge is complete, CalREDIE Help will send a merge completion email. At that point any outstanding incident merges can be completed by the Local Health Department.

Instructions: Fill out the requested information in the form below.

- *Keep Demographics from this Patient ID:* Provide the patient ID associated with the Patient Demographics that will be kept in the merge. Enter all the correct demographics onto one patient record and provide that specific patient ID.
- Include other relevant non-demographic information in the Notes section. **Do not include personal health information; such as names, addresses, and social security numbers.**
- Request multiple merges by filling out multiple rows. If a patient record needs to be merged more than once (i.e. there are more than 2 Patient Records for the same Patient), list additional patient ID(s) in the Notes column.
- There are 20 rows in the table below; therefore, please use a separate form for additional requests.

Last Initials	First Initials	Keep Demographics from this Patient ID	Date of Birth (MM/DD/YYYY)	Notes (No Demographic Information)