UF UNIVERSITY of FLORIDA

MEDICAL RECORD DESTRUCTION LOG **Department/Office:** _____

The following records were destroyed / disposed of in the normal course of business:

Medical Record Number	Patient Name	Dates of Service Included	Type of record or information	UF Gen Rec Sched Type	Method of Destruction

The above records were destroyed by: _____
Name of company

Destruction of these records was supervised and/or witnessed by:

_____ _____
Signature of UF HSC Representative Date of Destruction

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