

Medical Record Requests

Methods to submit Medical Record Requests

- Electronically via LiveWell
- Email
- Mail
- Fax



Fax: (414) 385-8032

Phone: (414) 979-4590 Option 4

Email: AuroraReleaseofInfo@aah.org

Mail: Aurora Health Care Medical Records

PO Box 0909996 Milwaukee, WI 53029

To Request Medical Records through the LiveWell Portal

1. Log in to your LiveWell Portal Account by visiting livewell.aah.org
2. Click on "Menu" at the top left of your screen
3. Under the "My Record" section, click on "Request Medical Records"
4. Fill out the appropriate sections of the request
5. Click the "Submit Request" button at the bottom of the screen

*these requests have a 5-business day turnaround time
