11050 Crabapple Road
Suite 120
Roswell, GA 30075
(770) 518-9277
(770) 518-8718 fax

1111 Alderman Drive
Suite 250
Alpharetta, GA 30005
(678) 527-1555
(678) 527-1559 fax

Pediatric Physicians, PC

Founded by Dr. Patty, 1992

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REQUEST FOR MEDICAL RECORDS FROM ANOTHER OFFICE WITH PATIENT AUTHORIZATION

Records requested from:

Name and Address of Doctor, Hospital or Medical Facility

____ Phone: ____________________
____ Fax: ____________________
____

Release information to:

Please release medical record information to Pediatric Physicians:

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Suite 120
Roswell, GA 30075
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Please fax immunization record, growth charts and problem list. Thank you.

Or: Specific record request: ____
____

Request is for:

Patient Name: ____ DOB:________________
Add'l Names: ____ DOB:________________
Add'l Names: ____ DOB:________________
Add'l Names: ____ DOB:________________

****

My signature below serves as an authorization to release the above information to the named party. I understand that these records may include psychiatric, chemical and substance abuse, HIV, and AIDS information and that I may withdraw in writing this authorization at any time, except to the extent that action has been taken based on this authorization.

Signature: ___________________________________ Date: ___________________________
(expires 90 days from date signed)

Name (please print) ______________________________________

Relationship to patient: Parent _______ Self (18+) _______ Other Guardian ________

If Other Guardian, please specify relationship ______________________________________

Date Signed: ___________________________ Expiration Date: ____________________

www.PediatricPhysiciansPC.com

Happy Healthy Safe