

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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*** Please fax immunization record, growth charts, and problem list ONLY. 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