



## Request for Release of Medical Records From Piedmont Pediatrics

### Information Requested:

- Standard Records (growth chart, immunization records, last physical)
- Additional Records\*** please list \_\_\_\_\_  
(a fee will be charged for additional records)

The purpose of requesting medical records:

- Changing Doctors     Personal use     Moving     Transfer to Internist     Legal/Attorney
- Other (specify): \_\_\_\_\_

I hereby Authorize Piedmont Pediatrics to release the records of:

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby Authorize Piedmont Pediatrics to release the medical records in the following methods:

- Mail to:

\_\_\_\_\_  
\_\_\_\_\_

Practice/Person Name and Address

- Fax To:

\_\_\_\_\_

Practice/Person Name and Fax Number

- Pick Up

\_\_\_\_\_

Phone Number to be called when ready for pick up

\* Release of records requires one week to process

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date