Growing Kids Pediatrics, LLC

3321 Ballard Lane

New Albany, IN 47150

Phone#:812-944-4575 Fax#: 812-725-0572

Request for Medical Records

Today's Date _____

Previous Physician _____

Phone# _____ Fax# _____

Address _____

Patient Name _____ Date of Birth _____

Reason for Release of Information

_____ Change of Physician

_____ Other _____

Requesting

_____ Entire Record

_____ Specific Items _____

_____

If chart is over 25 pages please mail, DO NOT FAX.

As the undersigned and legal guardian of the above name patient, I hereby authorize the release of medical records to Growing Kids Pediatrics. I understand that this information may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that I have the right to revoke this authorization in writing at any time. This request is valid for one year from date of my signature.

Patient/Guardian Signature: _____

Relationship to Patient: _____ Date:_____