



**NORTH AUSTIN PEDIATRICS, P.A.**

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**MEDICAL RECORD RELEASE POLICY**

Dear parents:

We will provide one copy of a summary of your child’s medical records (immunizations, growth charts, labs and consults) free of charge. The records will be mailed directly to the new doctor, or given to you. Additional copies, or full set of records (all progress notes), will be provided at a cost to you of 25.00 for first 20 pages, with a .15 per page after 20 pages.

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

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

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

Please mail records to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check if you would like to cancel all future appointments with us.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to patient: \_\_\_\_\_