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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 or given to you. Additional copies or a full set of records will be provided at a cost to you of 25.00 for first 20 pages, with a .15 per page after 20 pages. We provide a fax copy of records to medical providers free of charge if transferring out of the practice.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please mail/fax records to: _____

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

Signature: _____ Date: _____

Relation to patient: _____