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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 emailed 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 email records to: _____

Please fax records to: _____

Please mail records to: _____

_____

_____

☐ Please check if you would like to cancel <u>all</u> future appointments with us.

Signature: _____ Date: _____

Relation to patient: _____