



MEDICAL RECORDS RELEASE FORM

Patient Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Phone Number:** _____

Date Requested: _____

Records Requested:

Most Recent Well Visit (Free) Growth Chart (Free) Immunization Record (Free) . These are all also available on the portal for you to download at your leisure.

Complete Medical Record (\$20 per child; maximum \$50 per family of three or more children)

Reason for Request:

Transfer of Care Due to move Transfer of Care for other reason Personal Records Specialist

Delivery Method:

Unless otherwise specified, records will be uploaded to the Patient Portal and available to download as PDF. Even if you have left the practice, you will never lose portal access.

Please select your preferred delivery method:

Patient Portal Upload

Secure Email: _____

Fax Number: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Fee Collected: _____ Date Completed: _____

Method Sent: Patient Portal Email Fax Pick Up