



11717 Old National Pike, Suite 8
 New Market, MD 21774
 Phone: 301.882.7489 Fax: 301.882.7520
www.fredcokids.com

Request for Medical Records

(Send to previous office)

Patient Name: _____
 Patient Name: _____
 Patient Name: _____
 Patient Name: _____
 Patient Name: _____

Date of Birth: _____
 Date of Birth: _____
 Date of Birth: _____
 Date of Birth: _____
 Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____
 Address: _____ Phone: _____
 City/State/Zip: _____

Reason for Release of Records: _____
 Information to be released: Medical Record Immunization Record Other: _____

Records to be released from:

Records to be sent to:

<p>_____ <i>Name of Physician/Agency</i></p> <p>_____ <i>Address</i></p> <p>_____ <i>Address</i></p> <p>_____ <i>Phone Number</i> <i>Fax Number</i></p>	<p><i>Frederick County Pediatrics</i> 11717 Old National Pike, Suite 8 New Market, MD 21774 Phone: 301.882.7489 Fax: 301.882.7520</p> <p>*Fax / electronic transfer preferred</p> <p>**Please include patient demographics</p>
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*I hereby authorize **Frederick County Pediatrics** to obtain health information for the above named patient(s). This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation.*

Signature of Parent/Guardian:

Date: