



Pediatric Associates of North Atlanta, P.C. Medical Records Release Form

Date: _____

Please generate the Medical Records for the following child/children:

Child's Name

Date of Birth

Please choose an option below:

	Fee for Parent
<input type="checkbox"/> Detailed Summary of the Medical Record Includes: Check-ups for last 3 years, all visit notes for last 1 year, immunization records, growth charts. (Recommended)	\$10 - 1 child \$15 - 2 children \$20 - 3+ children
<input type="checkbox"/> Comprehensive Reproduction of the Medical Record Includes: All Medical Records and notes created in our office, consult notes and reports from specialists, radiology and laboratory results, immunization history, prescription and medication lists.	\$40 - 1 child \$60 - 2 children \$80 - 3+ children

Please choose an option:

Mail records to:

Fax to (page limit)

Call to Pick Up:

Notes to Staff: _____

We are sad to see you go! Please tell us your reason for leaving: _____

Parent/Guardian Signature: _____

Date: _____

Please allow a week for processing summaries, and two weeks for comprehensive records