Prime Pediatrics
1610 Broadrick Drive
Dalton, GA 30721
Ph. 706-279-1994
Fac 706-279-9229

REQUEST FOR HEALTH RELATED INFORMATION

I hearby authorize and request for the child(ren) listed below the following medical records be released (choose all that apply) from (choose where):

☐ All Records ☐ SC Certificate of Immunization ☐ Complete vaccine records (non certified)
☐ __________ Results ☐ Physician Notes ☐ Payment History / Account Information
☐ Include old records from previous primary care physician(s) ☐ Other: __________________

The information is to be released to the following person or facility (choose):

☐ Prime Pediatrics, 1610 Broadrick Drive, Dalton, GA 30720, Fax 706-279-9229
☐ Transfer or Release information to:
Facility: ______________________________
Address: ______________________________
____
Phone: ( ) ______________ Fax: ( ) ______________
Attn to: ______________ Email: ______________
☐ Personal copy to be released to:
______________________ (Full Name) (ID may be required)

The following information (**check all boxes that apply**)

☐ Immunization Record Only (**No Charge**) ☐ Entire medical record (**Price varies**)
☐ Last 1 year medical record (**$20**) ☐ Other ______________
☐ Last 2 years medical records (**$40 if 20 pages or less. For more than 20 pages, price varies)**

Reason for Medial Records Request:

☐ Attorney ☐ Change of Insurance ☐ Other ______________________
☐ Moving ☐ Dissatisfaction

Child(ren's) Name(s)	Date of Birth	Sex:
______________________	______________	☐ Male ☐ Female
______________________	______________	☐ Male ☐ Female
______________________	______________	☐ Male ☐ Female
______________________	______________	☐ Male ☐ Female
______________________	______________	☐ Male ☐ Female

I understand that there may be an associated charge for providing these records.

______________________ ______________________ ____/____/____
Parent / Legal Guardian Signature Printed Name Date *

***This authorization expires 90 days from the above date.**

If faxed, this fax transmission contains information which is confidential and/or priviledged. This information is intended for use only by the addressee indicated above. If you are not the intended recipient, please be advised that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited, and that any misdirected or improperly received information must be returned to this office immediately. Your cooperation in phoning us about an erroneous receipt is requested. Thank You.