Pediatric Associates of Johns Creek, PC

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CONSENT TO RELEASE MEDICAL INFORMATION

DATE__________________

CHILD'S NAME_____________________________________DOB_______________

CHILD'S NAME_____________________________________DOB_______________

CHILD'S NAME_____________________________________DOB_______________

CHILD'S NAME_____________________________________DOB_______________

PLEASE FORWARD THE INDIATED MEDICAL RECORDS LISTED BELOW TO:

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- ☐ **BASICS (FREE)**
- ☐ **ENTIRE CHART ($30)**
- ☐ **OTHER _________________________**

PARENT NAME____________________________________

PARENT SIGNATURE______________________________

PHONE NUMBER__________________________________

REASON FOR TRANSFER OF RECORDS________________________________
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PICK UP DATE (IF RECORDS ARE NOT TO BE MAILED)__________________

4310 Johns Creek Parkway * Suite 150 * Suwanee, GA 30024 Phone (770) 476-4020 * Fax (770) 476-1674