



12850 Middlebrook Rd Ste 200
Germantown MD, 20874
Phone: 301-540-5900 Fax: 301-540-8974

Authorization to Release Medical Records

I, _____ (name) _____ (relationship), hereby authorize Complete Care for Kids

to request medical records for:

| Patient's Names: | Date of Birth: |
|------------------|----------------|
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The above-requested medical records are to be release to: (please choose one):

Parent/Legal Guardian: _____

- How would you like to receive the records?

Pick-up or Mail

- Would you like paper or CD records? (please circle one)

Another Physician's Office: _____

(All records sent to another physician's office will be faxed.)

Reason to release patient information:

Changing Physicians Moving Dissatisfied Insurance Change

All medical records include immunization records, growth charts, labs and visit notes. Copies of the medical records incur a fee of \$25.00 or .76/page. Requests will not be initiated prior to payment. Please allow 21 days for completion of medical record requests.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____