



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

Authorization to Request Medical Records

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

to request medical records for:

Patient's Names:	Date of Birth:

From:

Name of Previous Practice: _____

Phone Number: _____

Reason to release patient information:

Changing Physicians Moving Dissatisfied Insurance Change

Please send the following information for the above-requested medical records:

All Records Vaccine Records Labs Other: _____

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____