



# Record Release

Name of Patient

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mark the box of the type of records you are requesting:**

ALL Medical Records  Billing Records  Other: (Please specify) \_\_\_\_\_

**Reason for requesting records:**

Transferring to Georgetown Pediatrics  Transferring to Adult Doctor  
 Moving  Not Satisfied: Transferring out (Please Specify Reason) \_\_\_\_\_

**Becoming a Georgetown Patient?**

If transferring to Georgetown Pediatrics, please provide previous PCP information to request medical records from:

Name of Practice \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Transferring out or a Georgetown record request:**

I authorize Georgetown Pediatrics to release my medical records as requested above. I understand there will be a \$25.00 record fee for each child listed, for a **complete** copy of medical records. I understand that I may be given a copy of my child(s) immunizations (3231) and/or hearing and vision (3300) at no charge. Please be advised a signature is required for ALL records requested. **If you are 18 years or older you must sign for your own records.**

**How would you like them delivered?**

Fax: \_\_\_\_\_ (charts over 50 pages cannot be faxed)  
 I would like to pick up the records at:  Dunwoody  Cumming  Johns Creek  Alpharetta  
 I would prefer to have my records mailed to the following address: \_\_\_\_\_

**Signature:** (Valid Driver's License will be requested from parent or guardian BEFORE release of any medical records)

Signature of Parent/Guardian or Patient (18 or older)		Date	completed by: (Georgetown Employee Signature)		Date
11 Dunwoody Park Suite 190 Dunwoody, GA 30338 (770) 392-6555 office (770)392-6550 fax	3400-A Old Milton Parkway Suite 510 Alpharetta, GA 30005 (770) 475-2233 office (770) 740-9617 fax		416 Pirkle Ferry Road Suite J300 Cumming, GA 30040 (770) 889-9142 office (770) 889-7151 fax	6300 Hospital Parkway Suite 125 Johns Creek, GA 30097 (770) 814-8883 office (770) 814-8162 fax	