DR. SMITA PARIKH MENGERS, MD FAAP

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19803 EXECUTIVE PARK CIRCLE
GERMANTOWN, MD 20874
PHONE: 301-540-7496
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RECORD RELEASE/TRANSFER

DATE**:** _____

PATIENT(S) NAME/DOB:

_____

_____

I AUTHORIZE:

_____

NAME/PHYSICAN/FACILITY/AGENCY STREET ADDRESS CITY, STATE AND ZIP

NEW ADDRESS: **(where we can reach you)**

_____

STREET ADDRESS **CITY, STATE, AND ZIP** **PHONE NUMBER**

TO RELEASE MY MEDICAL RECORD TO ***:(IF RECORDS ARE BEING TRANSFERD TO A DIFFERNET DOCTOR'S OFFICE MEDICAL RECORDS MUST BE PICKED UP FROM OFFICE BY PARENT)***

_____

NAME/PHYSICAN/FACILITY/AGENCY STREET ADDRESS CITY, STATE AND ZIP

_____

PHONE NUMBER FAX NUMBER

REASON FOR REQUEST/DISCLOSURE:

_____

_____

Entire Medical Record _____ ($21.00) Vaccine Record **ONLY** _____

Vaccine Record, Growth Charts, and Last PE _____ ($10.00)

I understand that there is a copy fee of $21.00 per chart and the chart will be ready for pick up in approximately 2-3 weeks after we have received payment. If only a release of the vaccine record is needed there is no charge. Once medical records are copied and released the medical record will be placed in storage and not easily accessible.

PARENT/GUARDIAN NAME: _____ (PRINT)

PARENT/GUARDIAN NAME: _____ (SIGNATURE)