



Town Pediatrics, PC



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Medical Records Release

Date: _____

I, _____, am giving my authorization to copy and release Medical

Records for _____ DOB _____

_____ DOB _____

_____ DOB _____

You can receive a copy of Immunizations, Growth Charts and the Last PE (WCC) without charge.

Please CIRCLE which type of records you would like: Complimentary OR Complete

Complete records on CD Fee is \$10.00

Please indicate if Complete records on CD are ok: YES OR NO

(DOB: 5/24/2010 or before) Complete records on CD Fee is \$20.00

Please indicate if Complete records on CD are ok: YES OR NO

THERE IS A FEE TO HAVE THE COMPLETE RECORD COPIED ONTO PAPER

I will tender payment for the cost of copying said records. The cost for Paper records is based on an administration fee of \$10.00 plus \$.50 per page; (maximum cost \$50.00 per child). I understand that these records must be picked up in person when complete. **Chart copying may take up to 7 to 10 days.** Please allow adequate time for your request to be completed. **To have records mailed, you must provide a mailing address; a postage fee will be charged in addition to the copying fee. After 60 days from request, copies will be destroyed. If requested again, fees must be paid in advance.**

If leaving practice, reason for transfer: _____

Please provide new address if moving out of the area:

Phone number: (contact for pickup)

X _____

Signature of person requesting records

DO NOT SIGN BELOW UNTIL RECORDS ARE RECEIVED BY YOU. CHARGES: _____

By signing below, I acknowledge that I have received records that were requested on above section of this form.

X _____

Signature of Parent / Guardian picking up records

Date

OFFICE USE: Copies picked up in person Copies mailed Copies faxed Copies destroyed

Updated 2/15/2017