

Roswell Pediatric Center, P.C.

Suite 100
12385 Crabapple Road
Alpharetta, GA 30004
(770) 343-9900
Fax: (770) 343-8759

Suite 545
3400-C Old Milton Parkway
Alpharetta, GA 30005
(770) 751-0800
Fax: (770) 751-7198

Suite 100
110 N. Corners Parkway
Cumming, GA 30040
(770) 888-2882
Fax: (770) 888-5562

REQUEST FOR RECORD RELEASE

OBTAINING YOUR CHILD'S RECORDS

Please fill out the information listed below. We will give you one complimentary paper copy of your child's records.

I hereby authorize Roswell Pediatric Center, P.C. to release the records of:

NAME OF PATIENT: _____ **Date Of Birth:** _____

Please mark the box/boxes of the types of records you would like:

Medical Records Billing Records Both Medical & Billing Records

How would you like to receive your child's records?

I would prefer to **pick up** my child's records on: _____
Date (Please allow 10 business days)

Location I will **pick up** the records:

12385 Crabapple Rd. 3400-C Old Milton Parkway 110 N. Corners Parkway

I would prefer your office to mail the records. Please **mail** my child's records to the following address: _____

Reason for requesting records:

Moving Insurance Change – New Company: _____

Transferring records to adult doctor Form Other _____

Signature of Legal Guardian or Patient (18 or older)

Date