

Ohio Pediatrics, Inc.

**1775 Delco Park Drive
Kettering, OH 45420
937-299-2339**

**7371 Brandt Pike, Suite C
Huber Heights, OH 45424
937-236-5396**

Patient Authorization to Transfer Medical Records

(Please print all information, sign, and date form at bottom)

Guarantor _____
Address _____
Telephone number _____ Cellular # _____
Patient(s) Name _____ DOB _____
_____ DOB _____
_____ DOB _____

The undersigned hereby authorizes Ohio Pediatrics, Inc. to release the following portions of the medical records of the above named patient(s). Check the one that applies.

Immunizations records, growth charts, copy of last physical exam, pertinent laboratory, X-ray, test results, and other necessary information. **(THIS DOES NOT INCLUDE RECORDS RECEIVED FROM OTHER PHYSICIANS. PLEASE CONTACT OTHER MEDICAL PROVIDERS TO HAVE THOSE RECORDS FORWARDED.)**

Entire medical record for the period _____ to _____ **(THIS DOES NOT INCLUDE RECORDS RECEIVED FROM OTHER PHYSICIANS. PLEASE CONTACT OTHER MEDICAL PROVIDERS TO HAVE THOSE RECORDS FORWARDED.)**

Ohio Pediatrics, Inc. charges \$25.00 per chart in a transfer preparation fee. This is not covered by your insurance and must be paid prior to preparing the chart for transfer.

The medical record is needed for the following purpose:

Consult/Second Opinion Relocating Out of Town
 Change of Insurance Selecting new Physician
(not for insurance reasons)
 Other (specify) _____

I understand that I may REVOKE this release at any time in writing, but the request shall remain valid until revoked or upon the expiration of sixty (60) days, whichever occurs first, EXCEPT to the extent that action has been taken thereon. I also understand that this release may include medical records of treatments for physical abuse and/or emotional illness, including treatment of alcohol and/or drug abuse. I also understand that HIV and Aids related information might be released.

Signature _____ Relationship to Patient _____

Date _____ Witness _____

Records to be: Mailed Faxed Picked up
Fee Paid: _____ Completed by: _____
Date Completed: _____