

Pediatric Associates, P.C.

Robert M. Licata, M.D., F.A.A.P. Gail Pikkholz, M.D., F.A.A.P.

May Grace Ani, M.D., F.A.A.P.

CONSENT TO RELEASE MEDICAL INFORMATION

\$35.00 transfer out fee per chart

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

PLEASE FORWARD THE AUTHORIZED MEDICAL RECORDS LISTED BELOW (AS INDICATED BY MY INITIALS) TO:

- | | |
|--|---|
| <input type="checkbox"/> LABS | <input type="checkbox"/> OFFICE VISITS |
| <input type="checkbox"/> IMMUNIZATIONS RECORDS | <input type="checkbox"/> MENTAL HEALTH INFORMATION |
| <input type="checkbox"/> SPECIALIST SUMMARIES | <input type="checkbox"/> GROWTH CHARTS |
| <input type="checkbox"/> PREVIOUS RECORDS | <input type="checkbox"/> HOSPITAL/ER/URGENT CARE VISITS |
| <input type="checkbox"/> ALL OF THE ABOVE | |

TO: _____

PICKUP _____ MAIL _____

PARENT NAME _____ DATE _____

PARENT SIGNATURE _____

PHONE NUMBER _____

REASON FOR TRANSFER OF RECORDS _____

3000 Johnson Ferry Road, Suite 204, Marietta, GA 30062
(770) 993-2922 Fax (770) 552-1674