



416 Pirkle Ferry Road, Suite J300 Cumming, GA 30040
(770) 889-9142 office (770) 889-7151 fax

Record Release
From previous provider to Georgetown Pediatrics

Name of Patient

Date of Birth

Patient Home Address:

*Please fax records under 50 pages only, and mail all records over 50 pages to the address below

Release Information From:

Provider/Practice: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Release Records To:

Georgetown Pediatrics, PC

416 Pirkle Ferry Rd., Suite J300

Cumming, GA 30040

P: 770-889-9142 F: 770-889-7151

Transferring to Georgetown Pediatrics, P.C.:

I authorize you, the Provider/Practice, to release all of my medical records as requested above to Georgetown Pediatrics, P.C. Please mail each child listed, a **complete** copy of medical records (not including records originating from other medical facilities). I understand that I may be given a copy of my child(s) immunizations (3231) and/or hearing and vision (3300). Please be advised a signature is required for ALL records requested. We recommend that you keep a copy of your records before providing them to Georgetown Pediatrics, P.C. By law, we as your new physician are unable to release any records to you from your previous provider. If you are 18 years or older you must sign your own records release.

Signature: *(Valid Driver's License will be requested from parent or guardian BEFORE release of any medical records)*

X _____
Signature of Parent/Guardian or Patient (18 or older) Date

X _____
completed by: (Georgetown Employee Signature) Date