

**Park Pediatrics**

7610 Carroll Avenue, Suite 400  
Takoma Park, MD  
Phone: (301)-891-6141  
Fax: (301)-891-6841

501 North Frederick Avenue, Suite 320  
Gaithersburg, MD 20877  
Phone: (240)801-4903  
Fax: (240) 801-4905

7500 Hanover Parkway, Suite 204  
Greenbelt, MD 20770  
Phone: (301) 232-3638  
Fax: (240) 241-4837

**ATTENTION RECEIVING OFFICE**  
**FAX this form upon receipt of records**

NAME OF RECEIVING STAFF \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_ authorize Park Pediatrics to release medical information and/or copies of medical records of:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

TO: \_\_\_\_\_

Name

Address

Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Reason for Request:

MOVING      INSURANCE      LAWYER      SPECIALIST      OTHER

**PLEASE CHECK HOW YOU WOULD LIKE TO RECEIVE YOUR RECORDS:**

Your Contact Phone Number: \_\_\_\_\_ (      ) \_\_\_\_\_

PICK UP      Picked Up on \_\_\_\_\_ by \_\_\_\_\_

\*MAILED TO: \_\_\_\_\_

*\*If your medical records weight is over .50 lbs (8 ounces), we will request that you either pick up your records or make a credit card payment for postage.*

**ATTENTION PARK PEDS STAFF**

Commercial Fee Received by \_\_\_\_\_

Medicaid

Assigned to \_\_\_\_\_

Mailed on \_\_\_\_\_

Picked Up on \_\_\_\_\_ by \_\_\_\_\_

- VAX
- GROWTH
- LAST PE
- LAB REPORT
- CONSULTS
- MED SUM

Once faxed back by receiving office, place in chart and make chart inactive.