



All About Kids Pediatrics

Jill Overcash, MD FAAP and Claire Wilkiemeyer, MD FAAP
Amanda Bennett, CPNP
2000 Riverside Parkway, Suite 207
Lawrenceville, GA 30045
Phone 678-646-0404
Fax 678-646-0202
www.allaboutkidsgeorgia.com

Medical Records Request Form A

I hereby authorize the release of my medical records from All About Kids Pediatrics. Please release records for:

Patient's Full Name: _____

Date of Birth: _____

Dates Requested: _____ to _____

Requesting records to be sent to:

Name of Practice (Doctor): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Medical records can be picked up in the office by a parent or mailed directly to another practice. We cannot fax any record that is more than 20 pages. There is a fee of \$15 per child but a flat fee of \$30 for 2 or more patients. This fee is based on the Georgia Health Information Medical Association guidelines. These fees are due prior to medical records being copied. Please note that once a medical record request has been processed the patient is then dismissed from the practice. At this time, the guarantor accepts financial responsibility for any remain balance on the patient's account.

Parent/Legal Guardian Signature

Date

Printed Name

Phone Number

Amount Due: _____ Payment Method: _____ Cash _____ Check _____ Card