



Peds & Parents Family Care, LLC
 124 Andrews Way, Suite B Kingsland, Georgia 31548
 Tel: (912) 729-7007 FAX: (912) 729-3627



Authorization for Release of Medical Information From Previous Healthcare Provider/Specialist

I hereby request and authorize the following health care providers:

Previous Healthcare Provider's Name	Office Name
Office Location	Office Phone
Office Fax	Type of Specialty (if applicable)

to release the following type(s) of information:

Shot Record

Complete Medical Record

from the medical records of myself, my child or children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

for the purpose of continuity of care. Please release these records to:

Peds & Parents Family Care, LLC
 124 Andrews Way, Suite B
 Kingsland, GA 31548
 PH: (912) 729-7007
 Fax: (912) 729-3627

All information I hereby authorize to be obtained will be held strictly confidential and cannot be released without my written consent. I understand that this authorization will remain in effect until I withdraw this consent by providing written notification to Peds & Parents Family Care, LLC, at the above address.

 Signature of Patient or Patient's Legal Guardian

 Date

 Printed Name of Patient or Patient's Legal Guardian

 Signature of Witness

 Date