



11717 Old National Pike, Suite 8  
New Market, MD 21774  
Phone: 301.882.7489 Fax: 301.882.7520  
[www.fredcokids.com](http://www.fredcokids.com)

## Request for Medical Records

(Send to previous office)

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Reason for Release of Records: \_\_\_\_\_  
Information to be released: ☐ Medical Record ☐ Immunization Record ☐ Other: \_\_\_\_\_

### Records to be released from:

### Records to be sent to:

<div><div>_____</div><div>Name of Physician/Agency</div><div>_____</div><div>Address</div><div>_____</div><div>Address</div><div>_____</div><div>Phone Number</div><div>_____</div><div>Fax Number</div><div>_____</div></div>	<div><div><b>Frederick County Pediatrics</b></div><div>11717 Old National Pike, Suite 8</div><div>New Market, MD 21774</div><div>Phone: 301.882.7489 Fax: 301.882.7520</div><div>*Fax / electronic transfer preferred</div><div><b>**Please include patient demographics</b></div></div>
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I hereby authorize **Frederick County Pediatrics** to obtain health information for the above named patient(s). This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation.

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date: