The Kidz Docs
Pediatric &
Adolescent Medicine

1451 Belle Haven Road, Suite 110 Alexandria, VA 22307
(703) 765-6093 (703) 765-7761 (fax)
www.TheKidzDocs.com email: patientinfo@thekidzdocs.com

Authorization to Release Medical Records

I authorize the release, use, and/or disclosure of the below named individuals' heath information as described below.

Patient's Name(s):

1._____ DOB: _____

2._____ DOB: _____

3._____ DOB: _____

4._____ DOB:_____

Select one of the following options:

- Mail my complete medical records from The Kidz Docs to the following address:

  Name/Facility: _____
  Street address: _____
  City, State, Zip code: _____

- I would like to pick up my (child)ren's. I can be reached at:_____

- Immunization Record Only
  Fax to: _____
  Only immunization records will be faxed

Select one of following options:

- Transferring to another pediatric office/primary care physician/relocating to another area (for continued medical care)
- Personal Use
- Specialist
- Other _____

There is a fee of $25 ($15 for each additional patient) to obtain a copy of complete medical records from this office. The fee structure, based on Virginia state guidelines. Medical records will be released once the fee is paid. Medical records will be processed within 2 weeks of completing this form. The transfer of medical records due to relocation, medical care by another pediatrician, or primary care physician for continued medical care confirms the patients listed on this release are no longer patients of The Kidz Docs.

Parent/Guardian_____ Date_____
Signature

Relationship to Patient_____ Phone number_____

Mailed medical records are saved to a USB drive. To request paper copies of medical records contact us at patientinfo@thekidzdocs.com or call us at 703-765-6093. Additional fees may be incurred.