



KidzCare
PEDIATRICS

Incoming Medical Record Release Form

While medical records are not required to become a patient at our practice, having them is helpful in providing the best possible care for your child. Please complete the form below if you wish to have prior records transferred to our office.

Patient Name:	DOB:
Medical Records From:	Medical Records To:
Name of Office:	KidzCare Pediatrics Medical Records
Phone Number:	Address: 3436 North Main Street Hope Mills, NC 28348
Fax Number:	Fax: 910-424-1418 Email: Medrecords@kidzcare.com

Records Requested: Complete Medical Record, birth to present

I authorize **KidzCare Pediatrics** to obtain medical information from another provider/facility as deemed necessary in the course of my treatment. This authorization may be revoked by me, in writing, at any time. Information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by HIPAA. My health care and payment for my health care will not be affected by refusing to sign this form. I understand that I may see and copy the information described on this form as requested. I understand that it may take 30 days for medical records to be released.

Print Name of Legal Representative: _____

Relationship to Patient: _____

Date: _____

Phone: _____