

Brandywine Pediatrics, PA
3521 Silverside Road
Quillen Building
Wilmington, DE 19810
Phone: 302-478-2604 Fax:302-478-8745

Authorization for Medical Records

I _____ (parent/guardian/self) am requesting Brandywine Pediatrics to **release**
OR obtain my child(ren)'s medical records.

_____	_____
Last Name, First Name	Date of Birth
_____	_____
Last Name, First Name	Date of Birth
_____	_____
Last Name, First Name	Date of Birth
_____	_____
Last Name, First Name	Date of Birth
_____	_____
Last Name, First Name	Date of Birth

I authorize Brandywine Pediatrics to **RELEASE** medical records to:

Physician name and address:

MYSELF: _____
Pick up date

_____	_____
Name	Phone
_____	_____
Street	Fax

City, State, ZIP	

I authorize Brandywine Pediatrics to **OBTAIN** medical records from:

_____	_____
Name	Phone
_____	_____
Street	Fax

City, State, ZIP	

(Parent/Guardian/Self) Print Name

(Parent/Guardian/Self) Signature

Date

Transfer chart fee: No charge for standard records (most recent and pertinent information) If the entire chart requested, max charge of \$25.00.