

Suwanee Pediatrics

1155 Lawrenceville-Suwanee Rd, Lawrenceville, GA 30043
Phone: (678) 442-0205 | Fax: (678) 442-0185
www.SuwaneePediatrics.com
contact@suwaneepediatrics.com



DO NOT FAX MEDICAL RECORDS

RELEASE OF MEDICAL RECORDS

By signing this authorization, I authorize *Suwanee Pediatrics, PC* to use and/ or disclose certain protected health information (PHI) about me to or for the party or parties listed below. **When requesting medical records, you are agreeing an administrative fee per patient when transferring out.** I have the right to revoke this authorization in writing except to the extent that *SUWANEE PEDIATRICS, PC* has acted in reliance upon this authorization. My written revocation must be submitted to *SUWANEE PEDIATRICS, PC* with the address listed above.

Name of Parent/ Guardian: _____ Relationship: _____
Signature (Parent/Guardian) _____ Date: ____ / ____ /20____

The Authorization applies to the following date(s) of service:

_____ to _____ Complete Medical Record (*Historial Medico Completo*)

	Patients Name (Nombre del Paciente)	D.O.B.(Fecha de Nacimiento)	Acct #:
1			
2			
3			
4			
5			

Current address: _____ City/State/Zip _____
Direccion *Cuidad / Estado /Codigo Postal*

Primary Phone: _____ Cell: _____ Work: _____
Numero Primario *Celular* *Numero de Trabajo*

Reason for Request to release Medical Records:

- Review by Specialist, Surgeon, or Therapist
- Moving from Area
- Insurance Change
- Not able to schedule appointment with provider of your choice
- Extended wait times for appointments to physician schedules not being open
- Extended wait time scheduling and appointment by phone due to on-hold or busy signal
- Extended wait time in waiting and/or exam room
- Unsatisfied with the care that was provided
- Not satisfied with physician
- Unhappy with staff (please specify): _____
- Other: _____

Please release records to:

Obtain records from:

Suwanee Pediatrics: Bolaji Odusina M.D., FAAP

1155 Lawrenceville-Suwanee Rd

Lawrenceville, GA 30043

Tel: 678-442-0205 / contact@suwaneepediatrics.com

Please release records to:

Obtain records from:

Name: _____

Address: _____

City/State/Zip: _____

Tel: _____ Fax: _____