



Peds & Parents Family Care, LLC

Physician & Boards Certified Nurse Practitioners
124-B Andrews Way
Saint Marys, Georgia 31558
912-729-7007



Authorization for Release of Medical Information from Previous Healthcare Provider/Specialist

I hereby request and authorize the following healthcare providers:

Previous Healthcare Provider's Name

Office Name

Office Location

Office Phone

Office Fax

Type of Specialty (if applicable)

To release the following type(s) of information:

_____ Shot Records

_____ Complete Medical Record

_____ Consult Notes

For: Name (PRINT): _____

DOB: _____

For the purpose of continuity of care, please release these records to:

Peds & Parents Family Care LLC
124 Andrews Way, Suite B
St. Marys, GA 31558
Phone: 912-729-7007
Fax: 912-729-3627

All information I hereby authorize to be obtained will be held strictly confidential and cannot be released without my written consent. I understand that this authorization will remain in effect until I withdraw this consent by providing written notification to Peds & Parents Family Care LLC at the above address.

Signature of patient, or patient's legal guardian

Date:

Printed name of patient, or patient's legal guardian

Date:

Signature of Witness

Date: