David M. Bergman, MD, MPH, FAAP
Andrea M. Hlobik, DO, FAAP

770-640-8119 ph
770-988-5553 fax
www.thepediatricplace.com

9570 Nesbit Ferry Rd.
Suite 201
Alpharetta, GA 30022

Request for Medical Records

Date:_____

If you have multiple children, please complete one release form per child.

Name of Child: **Date of Birth:**

_____ _____

Your child's medical records are confidential documents. The personal and medical information they contain are guarded by privacy protections as described in the Health Insurance Portability and Accountability Act (HIPAA).

I grant permission for my child's (children's) confidential medical records - including all growth charts, immunization records, and other pertinent medical records – be released to:

The Pediatric Place, P.C.
9570 Nesbit Ferry Rd. Suite 201
Alpharetta, GA 30022
Phone: 770-640-8119

Fax: 770-988-5553

Email: forms@thepediatricplace.com

Parent/Guardian Name _____

Parent/Guardian Signature _____

Previous Medical Practice

Name _____

Address _____

_____

Ph#: _____

Fax#: _____

Updated Dec, 2023