



Island Coast Pediatrics
Phone: (239) 768-2111 FAX: (239) 482-4404

Request to Receive Medical Records

Island Coast Pediatrics will take necessary measures to protect our patient's protected health information listed below. The first request of medical records is given at no charge. I understand I will be financially responsible for additional copies requested. The cost is \$1.00 per page for the first 25 pages & .25 cents each add'l page. The records release process takes approximately 7 to 10 business days from the day we receive the release form.

Name of Patient: _____ **Date of Birth:** _____

Reason for request: Personal Use _____ **Specialist** _____ **Transferring** _____

Reason for Transfer: _____

- Blue Form
- Yellow Form
- Full Medical Summaries
- Medical Portion Only/**Date of Service:** _____
- Financial Portion Only/**Date of Service:** _____
- Other/Specific Information/**Date of Service:** _____

How I will receive:

- I will pick up the records at _____ office. [_____] staff initials/date
- Please send medical records to: [_____] staff initials/date

Name of Person or Facility Receiving Medical Records

Address

City, State & Zip

Parent or Facility Daytime Telephone # including area code

Print Your Name Here: _____

Signature of Parent/ Legal Guardian (or Patient if age 18 >) Relationship Date

_____/_____/_____
Patient/Guardian Address City State /Zip Daytime telephone number

Office Use Only: Medical Records sent on: _____
Date

Notation added to patient's Medical Record by: _____
Employee Name & Date