

# Bethesda Pediatrics

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Potomac, MD 20854

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## MEDICAL RECORD RELEASE

Date: \_\_\_\_\_

Name of Person Requesting Records: \_\_\_\_\_

Relationship to Patient(s) : \_\_\_\_\_

Contact Phone Number : \_\_\_\_\_

Patient (s) Name(s) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient(s) Date(s) of birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason:**

TRANSFERRING TO ADULT M.D.  
MOVING OUT OF AREA  
INSURANCE CHANGE  
DISSATISFACTION WITH THE PRACTICE

**Information to be Released:**

COMPLETE CHART  
IMMUNIZATION RECORD ONLY  
LAB REPORTS ONLY  
OTHER: \_\_\_\_\_

PLEASE allow up to 7 business days for processing

PLEASE BE ADVISED WE NO LONGER PROVIDE PAPER RECORDS

Email Address : \_\_\_\_\_

( PLEASE PRINT CLEARLY )

✕ \_\_\_\_\_

SIGNATURE OF GUARDIAN

\_\_\_\_\_

( PRINT )

\$20 FEE PER RECORD