

Bethesda Pediatrics

11325 Seven Locks Rd., Suite 238
Potomac, MD 20854

Phone: 301-299-8930 Fax: 301-299-8933
www.BethesdaPediatrics.com

MEDICAL RECORD RELEASE

Transferring to Internist /Aging Out of Practice

Date: _____

Name: _____ Date of Birth: _____

Contact Phone Number : _____

Information to be released : Complete chart Immunization record only

PLEASE allow up to 7 business days for processing

PLEASE BE ADVISED WE NO LONGER PROVIDE PAPER RECORDS

Email Address : _____

(PLEASE PRINT CLEARLY)

I understand that once my records are released, I will no longer be able to be seen at Bethesda Pediatrics for sick care , well care or immunizations. Bethesda Pediatrics will no longer be my Primary Care Office , and I understand that it is my responsibility to change my Primary Care Doctor with my Insurance company and establish myself as a patient with an Internist. By signing below, I agree to allow Bethesda pediatrics to release my records.

✕ _____

SIGNATURE

(PRINT)

\$20 FEE PER RECORD