aPC Pediatrics
Advanced Preventive Care

Record Release Authorization

If your child has seen a previous provider, please complete the following steps, so that we may request any previous medical records.

Parents Name *

First Name Last Name

Patient Name *

First Name Last Name

Patient Date Of Birth *

Month Day Year

Previous Provider

Please share previous provider's name or type newborn

Previous Provider Phone #

Previous Provider Fax #

Please Check Each Box For Which Records Can Be Released *

- ☐ Immunizations Records
- ☐ Physical Exams
- ☐ Consults & Encounters Visit
- ☐ Labs & X-Ray Results

By signing below, you agree to authorize the previous provider named above to disclose and release the records obtained for the evauluation and treatment of the patient listed above to APC Pediatrics.

By failing to sign below, you understand that you (parent/guardian) do not want the records to be released and therefore our office may have the right to cancel or postpone your appointment.

APC Pediatrics reserves the right to charge $20 for a hard copy of medical records for the first 20 pages and .25¢ for any page thereafter.

Authorized parents and legal guardians have access to their medical records through our secured patient portal at no cost.

There will be no charge for a records transfer directly to healthcare providers for coordination and/or transfer of medical care.

Date *

Month Day Year

Signature