PARKER PEDIATRICS & ADOLESCENTS, P.C.

Serving the Parker community since 1982

10371 Parkglenn Way, Suite 100
Parker, Colorado 80138
Telephone: 303-841-2905
Fax: 303-841-3052 / fax@parkerpediatrics.com

Website: www.parkerpediatrics.com

DO NOT RETURN THIS FORM TO PARKER PEDIATRICS,
IT NEEDS TO GO TO THE PREVIOUS PROVIDER

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Former Physician:			
Name of Physician/Practice			
Mailing Address	Street Address		
	City	State	Zip
Telephone		Fax	

I have transferred my child(ren)'s medical care to the practice below and hereby request that my child(ren)'s medical records be sent to:

Parker Pediatrics & Adolescents, P.C.
10371 Parkglenn Way, Suite 100
Parker, CO 80138

Effective Date of Release	

Patient Name	**Date of Birth**

If you require a different form in order to transfer these records, please send to:

Patient's Present Address	

I understand that the information to be released may include the following conditions, if present: drug or alcohol abuse, psychological or psychiatric conditions, HIV or AIDS testing or diagnosis. I wish to exclude the following records from being released:

This is a one-time authorization and will expire in 60 days. During this period, this release may be revoked by written notice.

Parent's Signature		Date	
Printed Name			