Durant Road Pediatrics
(919) 205-4410

Medical Records Release Form

Transfer to DRP

I authorize

Name: _____

Address: _____

_____

Tel #: _____

Fax #: _____

to release medical records to

Durant Road Pediatrics

10940 Raven Ridge Road, Suite 200

Raleigh, NC 27614

Tel #: (919)205-4410

Fax #: (984)200-2821

Transfer from DRP

I authorize

Durant Road Pediatrics

10940 Raven Ridge Road, Suite 200

Raleigh, NC 27614

Tel #: (919)-205-4410

Fax #: (984)200-2821

to release medical records to

Name: _____

Address: _____

_____

Tel #: _____

Fax #: _____

Transfer from DRP - Cost of medical records is $20 for the first child, $10 for each additional child. Please allow 2-3 weeks to process this request.

Reason for release:

1. Transfer to another practice because of move / insurance change / age / other (please specify: _____)
2. Medical follow up with specialist
3. Legal
4. Copy for Self

Medical summary will include immunization record, growth charts, problem list, allergies, last check up and sick appointments. I understand that in the event I/the child was treated for drug or alcohol abuse, psychiatric/mental health issues, HIV/AIDS, this information will be included as part of my medical record unless specifically stated/declined by me.

I hereby authorize the release of medical records for each child as listed below:

Name and DOB: _____

Name and DOB: _____

Address: _____

Home Ph #: _____ Cell Ph #: _____

Signature: _____

Printed Name: _____ Date: _____