

# Commonwealth Pediatrics

Formerly Chippenham Pediatrics

## RECORDS RELEASE FORM

I, \_\_\_\_\_ do hereby authorize the release of my child/children's medical records from:

\_\_\_\_\_  
Previous Doctors name

\_\_\_\_\_  
Previous Doctors address

\_\_\_\_\_  
Previous Doctors phone or fax numbers

To be released to: **Commonwealth Pediatrics**

(Parents, please circle the location most convenient for your family)

Harbour Pointe Office  
6510 Harbour View Court, Suite 100  
Midlothian, Virginia 23112  
Ph: 804-739-8166/ Fax: 804-639-6614

Old Jahnke Road Office  
7023 Old Jahnke Road  
Richmond, Virginia 23225  
Ph: 804-320-1353/ Fax: 804-320-6636

Westchester Commons  
15400 WC Commons Way  
Midlothian, Virginia 23113  
Ph: 804-549-5405/Fax:804-379-8162

Childrens Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Specific Information to be released:

- All Medical Records (including Immunization Record)
- Immunization Record Only
- ADHD/ADD/Behavioral Records
- Newborn Hospital Records
- Laboratory Records ALL or Date: \_\_\_\_\_
- Radiology Records ALL or Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Day time Phone number \_\_\_\_\_

(This release is good for one year after the date that it is signed.)