

Avery Mae Pediatrics

2100 Branford Place Suite 301, Thompson's Station, TN 37179

Phone 615-261-1313 Fax 629-223-5379

www.averymaepediatrics.com

Medical Record Release Request From:

Doctor's Office/Doctor's Name: _____

Doctor's Street Address: _____

City: _____ State: _____ Phone: _____

Childrens Name(s) & DOB:

1. _____

2. _____

3. _____

4. _____

5. _____

Please Fax or Email the Medical Records to:

(629) 223-5379 or frontdesk@averymaepediatrics.com

I, _____, hereby authorize your facility to release any information, including the diagnosis, prognosis, treatment, and any pertinent information related to my child's healthcare for all dates of service with your practice.

Date: _____ Signature: _____

Parent or Legal Guardian or Patient if over 18

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