Pediatric Consultants of Troy
633 E. South Blvd Suite 2400 Rochester Hills, MI. 48307 P: 248-879-5570 F: 248-879-2235
50720 Schoenherr Road Shelby Twp., MI. 48315 P: 586-566-2340 F: 586-566-4427

Pediatric Consultants of Troy Medical Record Release Form

By signing this form, you are allowing the office to release any/all medical records. I understand that any disclosure of information carries with it the potential for re-disclosure. Any records that are printed in the office include a $10.00 fee/child. For any records that we need to request from storage there is a $25.00 fee/child. These fees must be paid first before we release records. There is a one-to-two-week turnaround time for all requests from storage unless the chart needs to be rushed. Please complete the below information.

Patient Name(s): ____ DOB: _______/_______/_______

____ DOB: _______/_______/_______

____ DOB: _______/_______/_______

I Authorize:

- ❑ **Pediatric Consultants of Troy**

Provider Name:	
Street Address:	
City, State, Zip	
Phone/ Fax Number:	

To Release To:

- ❑ **Pediatric Consultants of Troy**

Provider/ Specialist/ Person Receiving Records:	
Street Address:	
City, State, Zip	
Phone/ Fax Number:	

Information to be Released	**Purpose of Requesting Records**
❑ Entire Medical Records	❑ Transferring/ Leaving the Practice
❑ Immunizations & Growth Grids	❑ Insurance Purposes
❑ Test Results	❑ Personal Information
❑ Specific Dates of Service (s)	❑ Other; please specify

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Patient/ Legal Guardian Signature Date