

# Pediatric Associates of Franklin

570 Bakers Bridge Avenue Franklin, TN 37067

Phone 615-790-3200 Fax 615-794-2883

[www.pediatricsoffranklin.com](http://www.pediatricsoffranklin.com)

**If Records are MORE than 10 Pages Please MAIL!**

**Requesting Records From Another Doctor's Office**

**Please Send My Child's Medical Records to Pediatric Associates of Franklin**

## Medical Records to be Released From:

Doctor's Name: \_\_\_\_\_

Doctor's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please release records for the following children:**

**DOB:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Please mail the medical records to:**

**Attention: Medical Records  
Pediatric Associates of Franklin  
570 Bakers Bridge Avenue  
Franklin, Tennessee 37067**

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

**Please send this to your child's current doctor's office.**

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