

Pediatric Associates of Franklin

570 Bakers Bridge Avenue Franklin, TN 37067

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

www.pediatricsoffranklin.com

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

Or Fax Records to:

615-794-2883

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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