



3934 Sandalwood Ln.

Pueblo, CO 81005

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www.steelcitypeds.com

Authorization for Release of Medical Information

Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____

<input type="checkbox"/> I authorize Steel City Pediatrics to release information to:	OR	<input type="checkbox"/> I authorize Steel City Pediatrics to obtain information
Name of Provider or Facility		from:
Address		Name of Provider or Facility
City, State, Zip Code		Address
Phone Number	Fax Number	City, State, Zip Code
		Phone Number
		Fax Number

PURPOSE FOR THIS REQUEST:

- Changing Physicians - Reason for leaving: _____
- For my personal records
- Insurance Change
- Age (18+ years of age)
- School/Camp Health Form and Immunization Record ONLY (no additional records will be sent if selected)

BASIC INFO: Health Summary, Immunization Records, Growth & Developmental Records, Recent Well Child Visit, Recent Consult Letters, Labs & x-rays

ADDITIONAL INFORMATION CAN BE SELECTED BELOW: FEES WILL APPLY WHEN STEEL CITY PEDIATRICS IS SENDING

ADDITIONAL INFORMATION

- Complete Medical Record
- ADHD related records
- HIV/STD related records
- Psychiatric/Mental Health related records
- Substance abuse related records

Note to Parents/Guardians or Patients 18+ years:

Steel City Pediatrics will send copies of medical records directly to the new practice at no charge. If Steel City Pediatrics is releasing your child's/children's medical records to you or to another party such fee are associated. Please allow a minimum of 1-2 weeks for processing.

All Records-Fee:

\$0.50 per page for the 1st 50 pages; \$0.25 a page for each additional page plus a \$10.00 handling/mailling fee.

Digital copy of records (\$25.00 for the 1st record, \$15.00 per additional sibling. Postage included in price.)

PLEASE INDICATE WHO IS AUTHORIZING THIS REQUEST:

Signature: _____ Relationship: _____

Printed: _____ Date: _____