



Collins Pediatrics

Medical Release Form

*If **ANY** section of this form is incomplete, the form may be invalid

***Please Note: ALL** records must be received, including immunizations, in order for a patient to be seen at Collins Pediatrics and receive immunizations

****Please mail if records contain 20 pages or more****

Patient Information

First Name _____

Last Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Release Information From:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Release Information To:

Collins Pediatrics

2017 Metairie Rd
Metairie, LA. 70005
504-832-8022(P)
504-832-8044(F)

7211 Regent St, Suite B
New Orleans, LA. 70124
504-832-8022(P)
504-227-3071(F)

Other

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____.

If I fail to specify an expiration date, event or condition, this authorization will expire in six (6) months.

Purpose For Release of Information

- Transferring to Adult Practice
- Visit to Specialist
- Attorney Use
- Transferring to Another Practice
- Personal Use
- Other _____

Description of Information Being Released

- Entire Chart
- Immunization Record
- Growth Chart(s)
- Progress Notes
- Labs and Radiology Reports
- Other(Specify) _____

- If the patient is 18 years of age or older, the patient MUST sign and date this form
- If the patient is 18 years of age or older and is incapable of signing, a substitute who is legally authorized may sign and date the form. You must indicate your legal authority on this form.
- If the patients is 17 years or younger, a parent or legal guardian must sign and date the form, unless there is an exception under state or federal law.

Signature of Patient; Parent/Guardian & Relationship

Witness

Date