

Sharon M. McManus, D.O.  
 Mark Deprez, M.D.  
 Robin A. Hugen, M.D.  
 Rebecca Wegner, M.D.  
 Syed G. Mohiuddin, M.D., F.A.A.P.  
 Jenny Berry, NP-C



# PEDIATRIC HEALTH CARE

42141 Mound Road, Suite B  
 Sterling Heights, Michigan 48314  
 586.254.7593  
 586.254.7834 Fax

from infants to teenagers

## RECORDS RELEASE FORM

PATIENT(S) NAMES (LAST, FIRST MI)	BIRTHDATE

**\*PLEASE SPECIFY IF YOUR CHILD HAD A DIFFERENT BIRTH NAME WHILE IN THE HOSPITAL**

BIRTH NAME: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ CITY: \_\_\_\_\_

**PLEASE SEND COPY OF RECORDS TO:**

DOCTORS OFFICE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**FROM:**

DOCTORS OFFICE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**REASON FOR RELEASE OF RECORDS:**

- moving
- reached age limit
- change of insurance
- insurance company request
- referred to specialist (only records re: referral from date: \_\_\_\_\_)
- dissatisfaction with practice (reason: \_\_\_\_\_)
- newborn screen results
- newborn hearing results
- all medical records

Signature \_\_\_\_\_

Date \_\_\_\_\_