

**LOUDOUN PEDIATRIC ASSOCIATES
19450 DEERFIELD AVENUE, STE. 200
LEESBURG, VA 20176
703-723-7337
703-723-8278 (FAX)**

Medical Records Release

Please release all medical records for my Child/Children.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please check reason for transfer of records:

- 1) Moving ____ 2) Insurance Change ____ 3) Dissatisfaction ____
(Please write any reasons or comments on back of sheet.)

Please mail to address below:

Please bill to address below:

Signature of Parent/Guardian: _____ Date _____

PLEASE FAX FORM TO ATTN: Cherry at 703-723-8278 after signing.

There is a \$10 charge per child for all records copied for current patients.
If we have to retrieve closed records from our off-site archived charts, there is a \$30 charge per child.

Medical records will be mailed upon receipt of payment when mailing.

PLEASE REMIT ALL PAYMENTS TO THE ATTENTION OF
Loudoun Pediatric Associates
Attn: Cherry
19450 Deerfield Ave, St. 200
Leesburg, VA 20176.