Loudoun Pediatric Associates

Medical Records Release

Please release all medical records for my Child/Children.

Name _____ D.O.B_____

Name _____ D.O.B_____

Name _____ D.O.B_____

Name _____ D.O.B_____

Name _____ D.O.B_____

Name _____ D.O.B_____

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 the following address: _____

Please **BILL** to the following address: _____

Signature of Parent/Guardian: _____Date: _____

Phone Number: _____

PLEASE FAX SIGNED FORM TO:

Lansdowne: (703) 723-8278

Purcellville: (540) 338-9482

Stone Springs: (703) 665-2376

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

Medical records will be released/mailed upon receipt of payment

PLEASE REMIT ALL PAYMENTS TO THE ATTENTION OF:
Loudoun Pediatric Associates
19500 Sandridge Way, Suite 110
Leesburg, VA 20176