Ellenton Pediatrics

Cristian Chiritescu, MD, FAAP
Alina Chiritescu, MD, FAAP
Jessica M. Zeller, ARNP, CPNP
Jessica R. Eastman, ARNP, CPNP

8425 US Highway 301 North • Parrish, Florida 34219 • www.EllentonPeds.com
Office 941-723-7877 • Fax 941-723-7844

RECORDS OUT AUTHORIZATION
(Transfer of Patient Records To A New Physician)

Allow 30 business days to process request.

Date _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

As the parent or legal guardian, I authorize Ellenton Pediatrics to furnish a copy of my child's/children's records of medical care and treatment to:

New Physician _____ Clinic Name _____

New Physician's Phone _____ New Physician's Fax _____

Physician's Address _____

Please initial for requested records:

___ Immunizations ___ Consultations ___ Physical Exams ___ Lab, X-ray Results

Reason:

☐ Moving Out of Area ☐ Change of Insurance ☐ Other, be specific _____

Parent's Name _____ Telephone _____

Parent's Address _____

Parent's Signature _____

Witness _____ Witness's Signature _____

Fees for Medical Records
1 patient- $15
2 patients- $20
3 patients or more- $30

bg | 7-2016