

Oldham County Pediatrics, PLLC

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Patient Medical Records Release

To Our Patients:

Please be advised that Oldham County Pediatrics, PLLC is not permitted by law to release records from a patient's file that has been provided to us by another physician or health care facility.

Patient notes, test results, x-rays, etc. must be obtained from the originating physician or medical facility.

Patient Name: _____

(Last)

(First)

(MI)

Date of Birth: _____ **Today's Date:** _____

I, _____, hereby authorize a release of my personal
medical records to _____.

Reason for request: _____

Signature: _____ **Date:** _____

Our office agrees to provide the first copy of a patient's medical records free of charge. This is your FREE copy. Additional copies can be provided at a fee not exceed \$1.00 per page. Please make copies for your personal records before giving these records to anyone.

Thank you for understanding.

FACIMILES:

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