7900 FM 1826 Bldg. 1 Suite 220
Austin TX 78737
512-288-9669 Phone 512-498-0317 Fax

Medical Records Release Form

I understand that you will provide this information within 15 days from the receipt of the request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

Patient Name: ______________________________ D.O.B: __________________________________

Parent/Guardian: ____________________________ Phone: ___________________________________

(Check One) Release _____ Releasing information from us to you or your provider.

Name of Provider: ____
Address: ____
Telephone: ____________________ Fax: ______________________

Request _____ Requesting information from another provider to us.

Southwest Pediatric Associates
7900 FM 1826, Bldg 1, Ste 220
Austin, TX 78737
Phone: 512-288-9669 Fax: 512-498-0317

Information to be Released

(Check below if only limited records or ALL)

_____History & Physical ____X-Rays ____Laboratory Reports ____Immunizations

____Billing Records ____Consultation Reports ____Other _______________

_____ All (Complete Medical Records)

This Information is necessary for the following purpose:

__Insurance__Moving__Physician Transfer__Attorney/Legal__Personal Use__Dissatisfied with Care(See Reverse)

HIV/AIDS: I consent to the release of any positive or negative test result for **AIDS** or **HIV** infection, antibodies to **AIDS** or infection with any other causative agent of **AIDS** with the rest of my medical records.
Initial__________ **Date**________

Parent/Guardian Signature _________________________Date _________________

So that we can understand the reason for the request please give us some input:

____

____

____

____

____

____

____

____

____

____

____

____

____

We appreciate your honesty so that we can grow and make the necessary changes to better serve our clients in the future.

May we contact you? ______ Yes ______No

The best phone number to reach you at? (____)______________________________

Southwest Pediatric Associates participates with most insurance plans, before leaving please be sure that we truly do not participate with your new insurance plan, you can contact us at 512-288-9669.

Thank You,

The Physicians and staff of SPA