

**HIRSCH PEDIATRICS
REQUEST FOR MEDICAL RECORDS**

I am requesting the following information be copied (check one):

entire chart

the following documents: _____

Reason for records request:

If switching practices, reason for switching practices:

When the records are available, please (check one):

notify me and hold them for pick-up

mail the records to the following address

I understand and agree that I am financially responsible for any fees associated with my request including the cost of supplies, labor, and postage. However, I will be notified of any applicable fees prior to the records being copied.

Date

Signature of Legal Guardian
(or patient)

Print name of Legal Guardian
(or patient)

Patient Name

Relationship to Patient