

**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:

- switching practices
- other reason: _____

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.

Please note that as of November 2011, Hirsch Pediatrics is only able to schedule appointments for newborns and older children who are currently established patients. At this time we are not able to schedule appointments for children who were previous patients at Hirsch Pediatrics but have switched care for any reason to another pediatric office. We are sorry for any inconvenience this may cause.

Date

Signature of Legal Guardian
(or patient)

Print name of Legal Guardian
(or patient)

Patient Name

Relationship to Patient