917 Sherwood Drive, First Floor, Lake Bluff, IL 60044-2203
2592 Grand Avenue, Lindenhurst, IL 60046-5915
870 West End Court, Suite 100, Vernon Hills, IL 60061-1377
P 847-295-1220 F 847-295-1255
lakeforestpediatrics.com

AUTHORIZATION TO RELEASE MEDICAL INFORMATION OR PROTECTED HEALTH INFORMATION

Patient Name: Date of Birth:

Information to be released by Lake Forest Pediatric Associates

☐Completion of School Form ($10) ☐Completion of Camp Form ($10)

☐Full Records (see charges below) ☐Immunization and Growth Record Only (no charge)

Number of pages	Charge per page
Pages 1 – 25	$1.00 per page
Pages 26 – 50	$0.67 per page
Pages 51+	$0.33 per page
Plus Postage and Handling	

Please release medical records to:

Name	
Street Address	
City, State, Zip	
Phone	

Please indicate the reason for request:

☐Moving ☐Change in Insurance Plan ☐Patient age
☐Other (please explain)

Signature of patient, parent or guardian Relationship to patient(s)

Print Name Date

This form must be completed by parent or guardian in order to release medical records of minor children.

For office use only
Cash____ Check____ Check number _____
Credit Card V MC Disc AmEX ______________________________ Exp Date_______________
Mail Receipt Y N Zip Code_________
Updated: 2016-07-11