



Lake Forest
Pediatric Associates

Lake Bluff • Lindenhurst • Vernon Hills

917 Sherwood Drive, First Floor, Lake Bluff, IL 60044-2203

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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

☐ Full Records (see charges below)

☐ Immunization and Growth Record Only (no charge)

Number of pages	Charge per page
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Pages 1 – 25	\$1.00 per page
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Pages 26 – 50	\$0.67 per page
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Pages 51+	\$0.33 per page
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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