



GLENDALE PEDIATRICS

A PROFESSIONAL CORPORATION

1500 E. CHEVY CHASE DR. SUITE 250 GLENDALE, CALIFORNIA 91206

TEL (818) 246-7260 FAX (818) 502-9247

www.glendalepeds.com

RICHARD H. FEUILLE, M.D.
JENNIFER A. HARTSTEIN, M.D.
JAMES C. HENRY, M.D.
BRADLEY M. BURSCH, M.D.

NICOLE A. FABRIS-CARRAL, M.D.
SUJATA P. IYER, M. D.
AMELIA FAN, M.D.
VIVIAN SAAVEDRA, M.D.

REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby authorize and request that **GLENDALE PEDIATRICS** release copies of the medical records concerning

_____/_____/_____
Patient Name Date of Birth

For the treatment during the period from:

_____/_____/_____
Start Date End Date

To: _____
Recipient(s) First and Last Name

Address: _____

Reason: App't with Specialist Transferring to New M.D. Other _____

Name: _____ () - _____
Your Name Phone Number Ext

Address: _____

We are a paperless office and only provide medical records in digital form (via PDF on portal or via memory key)

We offer the following choices:

Digital summary of medical care, listing all pertinent information, plus immunization record and growth chart:

\$15 (this is our default). If mailed, \$20.

Digital full medical record: \$60. If mailed, \$65.

RUSH fee (to be completed in 3 business days): additional \$30.

Summary of care Full medical record Rush

Portal Pick-Up Mail

_____/_____/_____
Signature Relationship to Party Date