Lake Forest
Pediatric Associates
Lake Forest • Lindenhurst • Vernon Hills

900 N. Westmoreland Rd., Suite 110, Lake Forest, IL 60045
870 West End Court, Suite 100, Vernon Hills, IL 60061
2592 Grand Ave., Lindenhurst, IL 60046
(847) 295-1220 Fax (847) 295-1255

Authorization to Release Medical Information or Protected Health Information

Patient Name **Patient Date of Birth** **Account #/Patient #**

_____

Information released by Lake Forest Pediatric Associates

__Completion of School form ($10) __ Completion of Camp forms ($10)
__Full Records (see charges below) __Immunization and Growth Record Only (no charge)

Number of copies	**Charge per page**
Pages 1 – 25	$0.86 per page
Pages 26-50	$0.57 per page
Pages 51 and up	$0.29 per page

Plus Postage and Handling

Please release medical records to:

Name _____
Address and 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)

_____ _____
Date Print Name

*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_____
2/5/2008