

Carmel Pediatrics
13450 N. Meridian Street #260
Carmel, IN 46032
317-582-7257
317-582-7360

Martin J. Miller, M.D. Randall D. Stoesz, M.D. Susan L. Davis, M.D. Carolyn O. Robinson, M.D.

Request for Release of Medical Records

Dear Dr. _____

I request the release of all medical records for the following child/children:

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

My reason for leaving the practice is:

- Moving out of the area
- Transferring care of child(ren) to another local physician
- Change of Insurance
- Age 18+ years (Release of records must be signed by patient or legal guardian)
- Other

Please forward:

- Complete Records - \$25.00 per chart
- Immunization Record only – no charge

Payment for records must be made in advance by check or credit card (cppayments.com)

Send records to: _____

Signature of Patient/ Legal Guardian

Date