



# Cedar Park Pediatric & Family Medicine

Complete Medical Care for your Family

345 Cypress Creek Road # 104  
 920 N. Vista Ridge Blvd. #500  
 Cedar Park, TX 78613  
 512-336-2777 phone  
 512-336-2778 fax

Patient Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

**I authorize that my medical records be released TO: From:**

Name: Cedar Park Pediatric & Family Medicine Name: \_\_\_\_\_  
 Address: 345 Cypress Creek Road, Suite 104 Address: \_\_\_\_\_  
 City/State/Zip Cedar Park, TX 78613 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please Release the following information:

- |   |   |
|---|---|
| <input type="checkbox"/> Progress Notes       | <input type="checkbox"/> X-Rays Reports |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> EKG Reports    |
| <input type="checkbox"/> Immunizations        | <input type="checkbox"/> Lab Reports    |
| <input type="checkbox"/> Other                | <input type="checkbox"/> HIV/AIDS Test  |

Date of Service \_\_\_\_\_

This information is necessary for the following purpose:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Continued Patient Care | <input type="checkbox"/> Personal Use          | <input type="checkbox"/> Attorney/Legal |
| <input type="checkbox"/> Insurance              | <input type="checkbox"/> Other (specify) _____ |   |

I understand that I may revoke this consent anytime except to the extent that action has already been made before receipt of revocation. This authorization expires automatically one hundred eighty days from the date of the signature or as otherwise specified. \_\_\_\_\_

**\*REQUESTS TO RECEIVE MEDICAL RECORDS ARE PROCESSED AS A COURTESY. IF RECORDS HAVE NOT BEEN RECEIVED AFTER TWO MONTHS. PATIENT WILL NEED TO CONTACT PREVIOUS DOCTOR.**

\_\_\_\_\_  
 Signature of Patient or Legal Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship to Patient

\_\_\_\_\_  
 Witness