



**BUILDING
BLOCKS**
PEDIATRICS, PLLC

Healthy Kids Under Construction

Medical Records Release Form

3603 Davis Drive • Suite C-201

Morrisville, NC 27560

Phone: 919-234-1582

Fax: 919-234-1586

info@buildingblockspediatricsnc.com

www.buildingblockspediatricsnc.com

Medical Record Number: (to be filled in by practice) _____

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

I, (NAME) _____, hereby authorize Building Blocks Pediatrics, PLLC
to release the following information:

- ☐ All Records
- ☐ Consultation Notes
- ☐ Discharge Summary
- ☐ Emergency Department Records
- ☐ Hospital Records
- ☐ Office Visits
- ☐ Pathology Lab Reports
- ☐ Radiology Reports (ultrasounds, x-rays, MRI, CT scans)
- ☐ Surgery/Operative Reports

Dates of service for requested release:

- ☐ All Dates
- ☐ Date Range: _____ to _____

CONTINUED

I ☐ do ☐ do not authorize release of information related to AIDS, HIV infection, sexually transmitted diseases, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Release information to: _____

Reason for Release:

- ☐ Moving out of the area
- ☐ Continuation of Care
- ☐ Second Opinion
- ☐ Personal
- ☐ Legal

Patient/Parent/Legal Guardian Signature: _____

Relationship to Patient: _____

Printed Name: _____ Date: _____