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AUTHORIZATION TO RELEASE MEDICAL RECORDS

You have requested that Andover Pediatrics PC, release your or your child’s medical records.

- A separate Records Release Form must be completed for each patient. Complete BOTH pages and SIGN page 2.
- There is a processing fee of \$10.00 for each Complete Medical History record. A Complete Medical History will be saved on a USB drive, and can be mailed to your home or to the new PCP office. This file is too large to email.
- There is no fee if your request is for only the Immunizations & Most Recent Physical. The Immunizations & Most Recent Physical ONLY option can be printed and mailed to your home or to the new PCP office, or sent to you electronically by secure email.
- The signed form and fee must be received before medical records are processed.
- If the patient is age 18 or over, they must fill out and sign the release.
- Any duplicate copies will be an additional \$10.00 charge.

PLEASE PRINT

Patient Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Email Address: _____

Check Option A or B, and the delivery preference below:

A. _____ Complete Medical History (\$10)

_____ Mail records home

_____ Mail records new PCP office

or

B. _____ Immunizations & Most Recent Physical Only (no fee)

_____ Mail records home

_____ Mail records new PCP office

_____ Secure Email

Continued on Page 2

New PCP Name: _____

Name of Practice: _____

Address: _____

Phone: _____

I understand that my medical record may contain information regarding Aids, STD-related information, drug & alcohol abuse, psychiatric, and sensitive information. I agree to release of this information.

Patient/Legal Guardian Signature

Date

For office use: \$10 Fee paid by: ___ cash ___ check ___ credit card