



Chisholm Trail Pediatrics

600 High Tech Drive
Georgetown, TX 78626
phone: (512) 930-4776
fax: (512) 863-4248

**Authorization for
Release of Information**

Patient(s) Name(s) _____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Phone Number: _____ Alternate Number _____

Reason for Request:

- Transferring Care to Chisholm Trail Pediatrics
- Transferring Care from Chisholm Trail Pediatrics to another office

I authorize Chisholm Trail Pediatrics to obtain information from or release information to:

Physician Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

Information To Be Included:

- Immunization Records
- Growth Chart
- Physical Exam
- Labs/X-Ray
- Diagnostic Test Results – May include HIV, AIDS, Blood Alcohol, Blood Test Results
- Complete Chart, all of the above
- Other _____

Information is necessary for the following purpose:

- Continued Patient Care
- Insurance
- Personal Use
- Attorney/Legal
- Other

Signed _____ Date _____
Witness _____ Date _____

PLEASE MAIL RECORDS IF MORE THAN 20 PAGES