Medical Record Request Form-Healthy Kids Pediatric Group

300B Princeton-Hightstown Road Suite 201, East Windsor NJ 08520

Phone #: 609-448-7300 Fax: 609-448-8022

Patient Name: _____Date of Birth: _____

Address: _____Day phone #: _____

City/State/Zip: _____

If you would like a copy of your medical records, please read carefully and fill out all sections below. Please allow 10 days for processing

Please check which records you would like to obtain (1) Basic or (2) Entire chart:

(1)_____ Basic records: last physical examination, vaccine records and growth chart

Please check if you are picking up Basic records or if we are faxing Basic records:

_____ Free of charge pick up in the office by parent **OR**

_____ Fax basic medical records to the new doctor's office ***(We do not fax to any personal fax number)***

New doctor's office name: _____

New doctor's office fax number: _____

*****WE ARE NO LONGER EMAILING BASIC MEDICAL RECORDS*****

(2)_____ Entire chart: $25.00 ***($1.00 per page up to a maximum of $25.00)***

____ I will be picking up entire records in the office. ***($25 only)***

____Please mail entire records: ***$35.00 ($25.00 and an additional $9.65 fee for mailing)***

****WE DO NOT EMAIL ENTIRE CHART****

PAYMENT FOR ENTIRE CHART IS DUE BEFORE MAILING RECORDS

Name: _____

Street: _____

City: _____State: _____Zip: _____

Signature of patient (or parent if minor)

_____ Date:_____