

**Medical Record Request form-Healthy Kids Pediatric Group**

**300B Princeton-Hightstown Road Suite 201, East Windsor NJ 08502**

**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 emailing Basic records:**

\_\_\_\_\_ Basic records free of charge-if picked up by parent **OR**

\_\_\_\_\_ Basic records can be faxed to the new doctor's office. \*We cannot fax medical records to any personal fax\*

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

(2) \_\_\_\_\_ Entire chart (\$1.00 per page up to a maximum of \$25.00-\*\*\*additional \$9.65 fee for mailing)

\_\_\_\_\_ I will be picking up entire records

\_\_\_\_\_ Please mail entire records: **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: \_\_\_\_\_