

COOPER PEDIATRICS
3645-A Howell Ferry Road
Duluth, GA 30096
Office: 678-473-4738 Fax: 678-473-0173
"Growing Healthy Children - Our Primary Practice"

Medical Records Release Form

To: _____
(previous physician/facility)

Phone/Fax: _____

I, _____, request that the medical records of my child(ren) be released to the care of Cooper Pediatrics. Please fax or mail records to the above information.

Child(ren)'s Name and Date of Birth

Parent/Guardian's Signature: _____

Date: _____

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