Craig Ranch Pediatrics

Dr. Nagaratina Salem, M.D, P.A.
Adriane Nelson, CPNP
6850 TPC Drive, Suite 100 McKinney, TX 75070
Phone (214) 383-4400 Fax (214) 383-4403
www.CraigRanchPediatrics.com

Medical Records Release Form

By signing this form, I authorize you to release confidential health information about the patient named below, by releasing a copy of the medical records, or a summary or narrative of the protected health information, to the person(s) or entity listed below.

FILL IN YOUR PREVIOUS DOCTOR'S INFORMATION BELOW:

FROM: _____
(Physician or Facility Name)

_____
Address City St Zip

_____
Phone Number Fax Number

I hereby request that my child's complete records or specific information as listed below be released to:

TO: Craig Ranch Pediatrics
Nagaratina Salem, M.D, MBA
Adriane Nelson, RN, MSN, CPNP
6850 TPC Drive, Suite 100,
McKinney, TX 75070
Ph: 214-383-4400
Fax: 214-383-4403

_____
Patient's Name Patient's Date of Birth

_____
Parent's Signature Phone number Today's Date

Information Requested

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.