Ashe Pediatrics PLLC

Sheila Driver PNP-BC (ANCC), AE-C

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West Jefferson, NC 28694

336-846-4KIDS (4543) Fax 336-846-PEDS (7337)

Medical Records Request for Ashe Memorial Hospital

Fax: 336-846-0747

(Parents Complete top only)

Child's Name: _____ DOB: _____

Parent Name: _____ Signature _____

Relationship: _____

Witness: _____ Date: _____

Records Requested: (To be filled out by office staff only)

☐ Labor/Delivery Record including STD and Strep Testing

☐ New Born Discharge Summary

☐ ER Notes – Date(s) of service requested _____or last 2 years

☐ Admission Notes – Date(s) of service requested: _____

☐ Discharge Note – Date(s) of service requested: _____

☐ Labs: _____or last 2 years

- Blood Type
- Newborn Screen

☐ Radiology: _____

- Chest
- KUB
- Extremity _____
- Scoliosis