COLUMBIA MEDICAL PRACTICE

PEDIATRICS RECORDS REQUEST

Immunization Record | School Medication Form	
☐ Time: 24 Hours Fee: $5.00 ea.	☐ Time: Wait Fee: $10.00 ea.

PLEASE NOTE: Health Inventory Forms, Sports Physical Forms & Camp/Scout Forms INCLUDE Immunization Records

Health Inventory Form | Sports Physical Form | Camp/Scouts Form	
☐ Time: 3-5 Bus. Days Fee: $15.00 ea.	☐ Time: 24 Hours Fee: $25.00 ea.

FMLA | Extensive Disability Form | Home & Hospital Form	
☐ Time: 5-7 Bus. Days Fee: $25.00 ea.	☐ Time: 1-2 Bus. Days Fee: $35.00 ea.

Patient Name _____ DOB _____

Best Phone _____

Preferred Method of Return (Please choose only one)

- ☐ Email _____
- ☐ Fax (_____) _____ - _____
- ☐ Mail _____
  Street Address City State Zip Code
- ☐ Pickup from office

I hereby authorize Columbia Medical Practice to release the requested PHI for the patient listed above. I certify I have the legal right to request these records.

Printed Name _____ Relationship _____

Signature _____ Date _____

Forms picked up from office by:

Name _____ Date _____

Signature _____

OFFICE USE ONLY	FORM FEE: ☐Paid on ____/____/____ ☐Due ☐N/C
Provider ☐SS ☐MK ☐CM ☐EC ☐KV	Last Physical _____/_____/_____ mm dd yyyy

5450 Knoll North Drive, Suite 300, Columbia, Maryland 21045 Phone 410-964-6300 Fax 410-964-6227