

Laura M. Bleekrode, M.D.

**Medical Records Request – Transfer TO Alpharetta Pediatrics**

Date: \_\_\_\_\_

Previous Office Information:

Name of Doctor / Practice: \_\_\_\_\_

Phone Num: \_\_\_\_\_

Fax Num: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The above family has transferred care to the physicians at Alpharetta Pediatrics. We request that you forward a copy of the requested medical records to the office selected below.

\_\_\_\_\_ Complete / Entire Record

\_\_\_\_\_ Immunizations / Last Well Visit / Problem List

\_\_\_\_\_ Roswell Office  
1100 Northmeadow Pkwy  
Suite 108  
Roswell, GA 30076  
Phone Number: 770-664-4430  
[alhpeds.frontdesk@yahoo.com](mailto:alhpeds.frontdesk@yahoo.com)

\_\_\_\_\_ Cumming Office  
102 Pilgrim Village Drive  
Suite 300  
Cumming, GA 30040  
Phone Number: 678-947-4588  
[alpedscumming@yahoo.com](mailto:alpedscumming@yahoo.com)

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

( Parent / Legal Guardian / Patient)

Laura M. Bleekrode, M.D.

Medical Records Transfer FROM Our Office

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

PLEASE RELEASE: \_\_\_\_\_ A complete copy of my child's/children's records.  
 Please note we reserve the right to destroy the original records  
 10 years after the date of transfer. After that date, only the vaccine  
 records will be kept in some manner.  
 ( \$35.00 per child - \$50.00 family maximum )

\_\_\_\_\_ A copy of the last physical, immunizations, growth chart, and  
 problem list ONLY.  
 ( No Charge )

\_\_\_\_\_ Please include previous physician's records.  
 NO COPIES WILL BE KEPT IN OUR OFFICE.  
 ( No Charge )

REASON FOR LEAVING:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Mail to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I will pick up. Please call me  
 when they are ready.

PH# \_\_\_\_\_

**\*\* Please allow 2 weeks for records to be completed. \*\***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_