COOPER PEDIATRICS
3645-A Howell Ferry Road
Duluth, GA 30096

Office: 678-473-4738 Fax: 678-473-4739

"Growing Healthy Children – Our Primary Practice"

Medical Records Request Form

I authorize Cooper Pediatrics to release the medical records of:

Child(ren)'s Name and Date of Birth

_____

_____

_____

_____

Please send records to: _____ Fax number: _____

I authorize Cooper Pediatrics to obtain the medical records of:

Child(ren)'s Name and Date of Birth

_____

_____

_____

_____

Please obtain records from: _____ Fax number: _____

Parent/Guardian's name (print): _____

Parent/Guardian's signature: _____ Date: _____

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