

Milestone Pediatrics

4043 S. Route 59
Naperville, IL 60564

Ph: (630) 420-4275 Fax: (630) 420-8957

CONSENT TO RELEASE MEDICAL RECORDS

Patient Name(s)

D.O.B

Phone Number: _____

Home Address: _____

Medical Information to be sent:

- ☐ Complete Chart (includes but not limited to HIV, Mental Health and Substance Abuse Information)
☐ Office Visit Notes (please specify dates)
☐ Vaccine Records
☐ Laboratory and/or X-Ray Results
☐ Other
☐ Records for the dates from _____ to _____
☐ Vaccine Records, Growth Charts and Last Office visit notes/Physical (No fee, basic records required to transfer care)

Records to be sent to:

Name: _____ Ph: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

REASON FOR REQUEST:

- ☐ Transferring Care to a new physician.
☐ I am remaining a patient, but am seeking care from a specialist physician.
☐ Moving out of the area: (Please provide new address) _____
☐ Insurance Change, my new insurance is: _____
☐ Other: (please list reason) _____

Records will be: Picked up by parent/self _____ Faxed _____ Mailed _____

There is a \$10.00 fee for paper charts > 10 pages and a \$15.00 fee for paper charts > 70 pages

Complete charts will be put on a USB and can be mailed or picked up. (Can not be faxed due to amount of pages)

Please be aware that a \$6.50 fee applies for each USB. (One per child, we can not put multiple children's records on one USB)

The postage fee (if mailed) depends on the size of the patient's records that are being mailed out.

Due to not having a HIPPA secure email please be aware we can not email any records.

I AUTHORIZE MEDICAL INFORMATION TO BE RELEASED AS INDICATED ABOVE. I UNDERSTAND THIS RELEASE IS EFFECTIVE FOR 1 YEAR FROM THE DATE OF EXECUTION. HOWEVER, I MAY REVOKE MY CONSENT AT ANY TIME BY PROVIDING WRITTEN REVOCATION TO THE ABOVE NAMED PHYSICIAN.

Please be aware that every request has 30 days to be completed from the day it is received, requests are being done in the order they are received.

Parent or legal guardian's Signature _____ Date: _____
Patient's Signature (12-17 must sign) _____ Witness Signature _____ Date: _____

You can also sign up for MyChart to view and print your child's records at no cost. Please be aware that our MyChart system is through Lurie Children's you can sign up at MyChart.luriechildrens.org. If you have a Mychart for your child or yourself through Edwards or any other facility please be aware that you will still need to set up a new one through our Lurie's portal listed above. Children 12+ need to complete a 12-17 proxy form. Patients 18+ will also need to complete an Adult 18+ form themselves. (Forms can be found on Mychartluriechildrens.org)