Amelia H. Colley, MD
Philip A.J. Dawson, MD

West End Pediatrics, P.C.
9606 Patterson Avenue
Richmond, VA 23229
(804) 740-6171
(804) 741-3105 - FAX
westendpediatrics.com

Scott Iwashyna, MD
Michael Jaffe, MD, Emeritus

PATIENT REQUEST FOR MEDICAL RECORDS

Please allow 7-14 days to process your request

THE REQUESTED INFORMATION WILL NOT BE RELEASED WITHOUT THE APPROPRIATE SIGNATURE AND DAYTIME PHONE NUMBER

Patient(s) Legal Name	Date Of Birth

Information Requested:

- ☐ Summary and Immunization Records (RECOMMENDED)
- ☐ Shots Only
- ☐ Date(s) of Service
- ☐ Other:

Reason for the request:

- ☐ Transferring to:
- ☐ Consultation to:
- ☐ Moving to:
- ☐ Dissatisfaction: (please explain)
- ☐ Other:

- ☐ Mail to address under "reason for request"
- ☐ Parent/Guardian/Patient to pick up
- ☐ Fax (limited/urgent only) #_____

IF REQUESTED RECORDS ARE GIVEN TO SOMEONE OTHER THAN THE PARENT, LEGAL GUARDIAN, OR PATIENT, THE AUTHORIZATION FOR USE/DISCLOSURE FORM MUST BE COMPLETED AND SIGNED BEFORE RECORDS MAY BE SENT. FEES BELOW WILL APPLY

Please provide address for above:

CHARGES FOR COPYING MEDICAL RECORDS You have requested that West End Pediatrics, PC either release your medical information or a summary of your information to a person or entity outside of our practice or that you would like to have a copy of your medical records. In accordance with Virginia law, West End Pediatrics, PC may charge you a reasonable fee for this service regarding non-subpoenaed medical records. 1)<u>For copies from pages or other hard copy generated from computerized or other electronic storage, West End Pediatrics, PC charges 50 cents per page for the first 50 pages and 25 cents for each additional page. 2) Cost of shipping/postage. 3) $10/form for completing school, daycare, sports, etc. forms. 4) Payment is expected prior to mailing records or at the time of pickup.</u> If medical records are subpoenaed, the party causing the subpoena is responsible for payment of the rates listed above under #1. If you feel you cannot afford to pay our posted charges, please call our Business Office at 804-323-9100 to discuss a

I understand that once this information is released by West End Pediatrics, PC the information may be subject to redisclosure by the party receiving the information and may no longer be protected by federal or state law.

Signature of Parent, Patient, or Legal Guardian	Daytime Phone #	Date
Print Name	Relationship to Patient	

revised 3/23/2017