



Victoria Pediatrics and Adolescents Assoc., Félix F. Regueira, M.D.

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Medical Release Form

Dear Parents/Guardians:

A copy of your child's visit will contain immunization history, growth charts, and problem list free of charge as long as you ask for it at time of visit. However, a set of records to include all of the above plus progress notes, billing records, etc., will be provided to you as a parent for a minimum charge of \$25.00 for the first 20 pages, and \$0.50/page thereafter, pursuant to Texas Medical Board Rule Chapter 165.2, section 2, subsection 1. The ENTIRE medical record can be forwarded to your new physician at NO CHARGE to you. **DO NOT FAX RECORDS PLEASE!**

I hereby authorize the release of information from the medical record of:

Patient Name _____ Date of Birth: _____

Phone number in case we need to reach you with any questions _____

Information Released to:	From:
_____	_____
_____	_____
_____	_____

Please release the following:

- Problem list X-Ray Reports
- Progress Notes EKG Reports
- History/Physical Exam Other Diagnostic Reports (Specify) _____
- Lab Reports Immunizations Billing Records Notarized Record

Including information (if applicable) pertaining to:

- Mental Health Drug/Alcohol HIV/AIDS Communicable Treatment

Purpose of Need for Disclosure:

- Continued Patient Care Personal Use Attorney/Legal
- Insurance Claim/Applications Disability Determination Other/Specify

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing). This consent will expire in 90 days after the date of my signature unless otherwise specified.

_____ Date _____

Signature of Patient or Legal Representative

Relationship to patient

Witness