



North Atlanta
Pediatric
 associates

The Pavilion at Lake Hearn

Suite 100
 1100 Lake Hearn Drive
 Atlanta, GA 30342
 404-256-3178 – Phone
 404-256-3583 – Fax

Philip Weiss, M.D.
 Kelly West, M.D.
 Philip Spandorfer, M.D.
 Dennis Selva, M.D.
 Shayna Smith, M.D.
 Jenny Pasley, C.P.N.P.
 Stephanie Edlhuber, C.P.N.P.

Request to Transfer
FROM
North Atlanta Pediatric Associates

****Please transfer the medical records of the following patient(s):**

Patient's Name: _____ Date of Birth: ____/____/____
 Patient's Name: _____ Date of Birth: ____/____/____
 Patient's Name: _____ Date of Birth: ____/____/____

****Please transfer these records to:**

Name of Physician or Practice Name: _____
 Street Address of Office: _____
 City: _____ State: _____ Zip: _____
 Telephone #: _____ Fax #: _____

Is this a Permanent Transfer: _____ Yes / _____ No

Reason for Transfer: _____

****Payment is required before charts may be mailed or picked up.**
There is a \$15.00 per patient charge with a \$35.00 per family maximum.

The signature below serves as authorization to transfer these medical records.

Because the patient is younger than 18 years of age, my signature serves as authorization.

Parent / Guardian Signature: _____ Date: ____/____/____

Parent / Guardian Name (Please Print): _____ Date: ____/____/____

****Patients 18 years of age or older must sign for themselves to authorize release of records.**

Signature: _____ Date: ____/____/____

Name (Please Print): _____ Date: ____/____/____