Pediatric Care of Lansing

Melissa Long, DO, Cori Hemming, MD, David Lipsitz, MD, Marlie Campbell, DO, Chris Thompson, MD

307 W. Lake Lansing Rd
East Lansing, MI 48823
www.pedcarelansing.com

P: 517-487-4480
F: 517-487-0193
pedcare@pcolkids.com

REQUEST FOR RELEASE OF MEDICAL RECORDS

I, _____ request that MY / my children's medical records be released to:

Doctor's Name:_____

Address:_____

City:_____State:_____Zip:_____

FROM: Pediatric Care of Lansing
307 W. LAKE LANSING RD
EAST LANSING, MI 48823

_____	_____
Print name of patient	Date of birth
_____	_____
Print name of patient	Date of birth
_____	_____
Print name of patient	Date of birth

_____ _____/_____/_____
Patient Signature (or Signature of Person Completing Form if Not Patient*) Date

*Relationship to patient: ☐ Parent ☐ Legal Guardian ☐ Other:_____

The identified information will be used for the following purpose:

- ☐ My personal records
- ☐ Sharing with other health care providers as needed
- ☐ Other (please describe): _____