SAMUEL R. WILLIAMS, M.D., P.A.
Pediatrics and Young Adult Medicine
5707 Calverton St., Suite 1B
Catonsville, MD 21228

Telephone: (410) 788-2350
Fax: (410) 788-6859

Samuel R. Williams, M.D.
Lisa Williams Petit, M.D.

Website:
www.greatestdocs.com

MEDICAL RECORDS RELEASE FOR TRANSFER
(our records sent to another practice)

Charges

We charge a processing fee of $20 for the first family member and $10 for each additional family member (please add an additional charge of $10 per family if the records need to be mailed. Please make checks payable to Samuel R. Williams, M.D.,P.A. for the total amount or call with credit card information. Please fill out this form and return to us by mail, fax, or by hand.

[ ] will pick up **[ ] mail to patient** **[ ]mail to another physician**

Address to mail records to:

Name_____

Address_____

City,State,Zip_____

I authorize you to release the record(s) of:

Name	**Date of Birth**

Reason for Leaving Practice: Please check one or more

[ ] age of patient **[ ] dissatisfied with practice**

[ ] moving from area **[ ] insurance change**

[ ] geographical location of practice **[ ] other**_____

Patient/Parent/Guardian Signature_____

Patient/Parent/Guardian Name (print)_____

Date_____ **Best phone number to reach you**_____