Athens Kids Specialists, PC
1500 Oglethorpe Ave, Suite 100
Athens GA 30606
Tel 706-543-9899/Fax 706-613-3995

Medical Records Request

To: Dr._____ _____
(Previous Doctor/Doctor Anterior) (Office Tel/Numero de telefono)

_____ _____
(Address/Direccion) (Office Fax/Numero de Fax)

_____
(City/State/Zip/Ciudad/Estado/Codigo Postal)

Kindly fax or mail copies of medical records of the patients listed below to:

Athens Kids Specialists, PC
1500 Oglethorpe Ave, Suite 100 Tel. 706-543-9899
Athens GA, 30606 Fax. 706-613-3995

(Patient Name/Nombre del Paciente)	**(Date of Birth/ Fecha de nacimiento)**
_____	_____
_____	_____
_____	_____
_____	_____

Type of medical records needed:

( ) Complete medical records (including PKU, growth charts, labs and immunization record)

( ) Complete newborn records

( ) Consult notes

Thank you,

_____ _____
(Signature of parent/guardian/Firma del padre/guardian) (Date/Fecha)

_____
(Printed name)