



9750 NW 33<sup>rd</sup> Street  
 Suite 101  
 Coral Springs, FL 33065  
 Telephone # (954) 752-9220  
 Fax # (954) 752-1549

Lorne Katz, MD, F.A.A.P.  
 Susan Waters, M.D., F.A.A.P.  
 Lori Miller, M.D. F.A.A.P.  
 Anthony Martell, M.D., F.A.A.P.  
 Alina Di Liddo, M.D., F.A.A.P.  
 Jordan Mussary, M.D., F.A.A.P.  
 Alan Cadiz, D.O., F.A.A.P.  
 Susan Shulman, D.O., F.A.A.P.



9801 Glades Road  
 Boca Raton, FL 33434  
 Telephone # (561) 487-9912  
 Fax # (561) 487-5070

I hereby Authorize —Sawgrass Pediatrics  
 To Release any pertinent medical records and immunizations for:

Child/Children's Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**Reason for Request  
 (please check one)**

- Transferring to another pediatrician
- Moving
- Specialist needs records
- Changing Insurance
- Other—(please explain) \_\_\_\_\_
- Unhappy with our practice (Please state why) \_\_\_\_\_

**Release To: (Records will be release to Parent/Guardian Only)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Signature of Parent or Guardian

Date

There will be a charge for the copying of medical records. If the records are being transferred to another physician locally, the family will be responsible to pay for the records prior to copying and will be required to pick them up from the office. If the records are being sent out of the local area or out of state, they can be mailed, however the records and postage must be paid for in advance of mailing.

The charge for copying records will be \$1.00 per page for the first 25 pages and 0.25¢ for each additional page.

There will be a \$10.00 charge per chart to retrieve records from our off site storage unit.

For records requested to be sent by mail, the envelope will be weighed and charged accordingly.

Number of Pages Copies/ Charge	
Storage Charge	
Postage Charge	
Total Amount Due	