



Virginia Pediatric & Adolescent Center, P.C.



Springfield Professional Park
8316 Traford Lane
Springfield, VA 22152
Phone: (703) 569- 8400
Fax: (703) 569-1182

Fair Oaks Medical Building
4001 Fair Ridge Drive, Suite 301
Fairfax, VA 22033
Phone: (703) 569-8400
Fax: (703) 758-7602

Request for Transfer of Medical Records

Release Records From:

Practice/Doctor's Name: _____

Address: _____

City/ State/ Zipcode: _____

Phone: _____

Fax: _____

Transfer Records To: **Virginia Pediatric and Adolescent Center, PC**

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Springfield, VA 22152
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Fairfax, VA 22033
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I request and authorize the release, use, and/or disclosure of the below named individuals' health information as described below to Virginia Pediatric and Adolescent Center, PC for the purpose of further medical care.

COMPLETE MEDICAL RECORDS

IMMUNIZATION HISTORY ONLY

Patient's Name

Date of Birth

Guardian/Parent's Name (Print): _____

Signature: _____

Date: _____