



Request for Release of Medical records from another practice TO Pinnacle Family Practice, LLC

Please print clearly

Patient Name: _____ Date of Birth: _____

SS#: _____ Phone# _____

Address: _____

I hereby request my records be RELEASED TO:

Pinnacle Family Practice, LLC
13135 Lee Jackson memorial Hwy #202
Fairfax, VA 22033
P (703) 429-2901 F (703) 429-2902

Office/Doctor to be releasing information:

Heritage Family Practice
4001 Fair Ridge Dr #101
Fairfax, VA 22033
P (703) 385-6789 F (703) 352-9409

Specify information to be released: *Last CPE *Last CPE labs *Last PAP (if done at HFP)

Shot records *Last 2 years Radiology Reports (CTs and/or MRIs) *Last EKG

Yellow sheet on left side of chart

Reason for your request: Changing practices () Other: _____

*** Note: most medical offices use a service that copies and mails those copies. If requesting records from Heritage Family Practice, Healthport (the service provider) charges \$0.50 per page for 1st 50 pages, then \$0.25 per page for each page over 50. Please call the office you are requesting records from should you have any questions.

I understand that this authorization can only be revoked in writing by me (the patient) or legal guardian for patients under age of eighteen.

Patient/Guardian signature: _____ Date: _____

Print name if other than patient: _____