

Romeo K. Fernandez, M.D., P.A.

Pediatric Neurology

7000 W Palmetto Park Road, Suite 307, Boca Raton, FL 33433

Telephone:(561) 288-5990 Fax: (954) 391-5008

Medical Records Request Form

Requesting Records from:

Please send records to:

Physician/Facility: _____

Dr. Romeo K. Fernandez, Pediatric Neurology

Address: _____

Address: 7000 W Palmetto Park Road, Suite 307,

Boca Raton, FL 33433

Phone:() - Fax:() -

Phone: (561) 288-5990 Fax: (954) 391-5008

Patient Name: _____ **Patient DOB:** _____

DOS at requested facility: _____

Please release the following records to Romeo K. Fernandez, M.D., P.A. Pediatric Neurology office:

- | | | | |
|-----------------------|---|-------------------------|---|
| Entire Medical Record | Neuropsych Evaluation | Genetic Testing Reports | Laboratory Reports |
| Clinical Notes | MRI/CT/EEG/EMG/NCS
or other diagnostic reports | Operative Reports | Radiology & other
Diagnostic Imaging Reports |
| ER Clinical Notes | Pathology Reports | Consultation Report | Psychologist Report |

Other: _____

Reason for requesting notes:

Transfer/Continuation of Care Specialist physician referral Other: _____

I, _____, the legal Parent/Guardian, hereby authorize the following physician/facility _____ to release the requested protected health information of (*patient's name*) _____ to the office of **Romeo K. Fernandez, M.D., P.A., Pediatric Neurology.**

Signature of Patient/Parent or Guardian of Minor Child Relation to Patient Today's Date

(If the authorization is signed by personal representative of the patient, a description of such representative's authority to act for the patient must be provided.)