CHILDREN'S ORTHOPEDIC CENTER

SUSAN ATKINS, M.D.

1011 Hioaks Rd.

Richmond, VA 23225-4040

Phone: (804) 272-0726

REQUEST FOR MEDICAL RECORDS

Patient name: _____D.O.B._____

Please release records to:_____

Specific records requested:_____

Method:_____Provide copy to:_____

_____Fax copy to:_____

_____Mail copy to:_____

I understand that the Children's Orthopedic Center may charge me for copies of my medical records at a rate of $0.50 per page for the first 1-50 pages, $0.25 per page after the first 50, $5.00 for 0-15 minutes of labor, $10.00 for 15+ minutes of labor, and postage charges.

Please note that original x-rays can not be permanently released. Copies of x-rays can be made available at a rate of $15.00 per sheet, by special request. If you want copies of any radiographs, please provide date and type:_____

Signature of patient:_____Date:_____

If patient is unable to sign or a minor, signature of parent or legal guardian is required:

_____