



3564 N 4th Street, Suite B
Longview, Tx 75605
(P)903-231-3144
(F)903-231-3230

Dear Parent/Guardian or Patient,

Please complete the information below to help us fulfill your request accurately and promptly.

Person filling this form out: _____ Relationship to patient: _____

Patient Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

What would you like us to do?

- Send records to another office or provider
- Give a copy directly to me (parent/guardian/patient) (\$25 FEE)

Where should the records go?

Name/Facility: _____

Fax or Email: _____

Phone (if known): _____

What records are being requested?

- Complete medical chart
- X-Ray/Lab Results
- Other (please describe):

Why are you requesting these records?

- Transferring to a new provider
- School or camp requirement
- Legal or insurance reasons
- Personal use
- Other: _____

Consent to Release

I give permission to Somers Pediatrics Urgent Care to release or request the medical records as described above. I understand this release is valid for 30 days from the date signed unless revoked in writing earlier.

Signature of Parent/Guardian or Patient (if 18+): _____

Print Name: _____ Date: _____