

Sandy Plains Pediatrics, P.C.  
Laurette Ho M.D., Alexia Gregory M.D. & Joanna Kerr C.N.P.

Form To Request The Medical Records of A Patient From Another Medical Practice/Facility

Date: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_  
Print Name

Request the medical records of the following children:

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____

Previous Physician:

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Please Transfer Records to:

Sandy Plains Pediatrics  
3225 Shallowford Road Building 1300  
Marietta, GA 30062  
(678)560-7160  
Fax (678)560-7185

Parent or Legal Guardian Signature \_\_\_\_\_

Phone Number \_\_\_\_\_