

Kaplan Pediatrics & Associates

Aaron S. Kaplan, D.O.
Jennifer Kriska, RN, CPNP

6124 W. Parker Road, Suite 338
Plano, Texas 75093
(972) 943-9151
Fax: (972) 943-9405



Release of Medical Records

Patient's Name(s) _____ DOB _____

Address _____ Home Phone _____

Reason for Release of Records: ___ Specialist Consult
___ Changing Doctors Due to: _____

___ Please release my child's records to Dr. Kaplan's office at the address above.

Previous Dr. _____
Address _____
Phone _____ Fax _____

___ Please release my child's records from Dr. Kaplan's office to my new physician/parent.

Circle One:
Parent / New Dr. _____
Address _____
Phone _____ Fax _____

Parent/Legal Guardian's Signature

Today's Date

Regulations Regarding Releasing Medical Records: Medical records maintained by a physician are confidential and are property of the physician. One copy of the patient's medical record will be available at no charge after written consent is received. Additional copies will be available for a processing fee of \$50. Transfer of records to another physician will result in patient's discharge from the practice, unless a withdrawal is made within three days from the date of the request.