Champions Pediatric Associates

Shams Nandwani, MD, FAAP
Ayotunde Faweya, MD, FAAP
Sara P. Congdon, MSN, RN, CPNP

Medical Release Form

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Please provide as much information as you can about your **PREVIOUS MEDICAL PROVIDER**
I AUTHORIZE:

Name of Previous Doctor or Clinic:_____

Address:_____

_____

Telephone: _____ Fax: _____

To release medical records for continuation of medical care:
[ ] Complete History [ ] Partial Information

(please specify):_____

****(Please limit to less than 25 pages when faxing, otherwise please mail to the below address)****

TO:

Champions Pediatric Associates
18607 Kuykendahl Road
Spring, Texas 77379

Child's Name	Date of Birth	ID#

This authorization expires 120 days from the date of my signature unless I specify otherwise. I may revoke this authorization at any time by notifying Champions Pediatric Associates (CPA) in writing. If I revoke this authorization I understand that it will not have effect on any actions that CPA took in good faith before receiving the revocations. The information released may contain information related to AIDS or HIV infections, drug or alcohol abuse, mental or behavioral health or Psychiatric care. CPA reserves the right to verify my identity/guardianship.

Printed Name: _____ Relationship to patient:_____

Signature: _____Date: _____

Witness:_____ Date:_____

Spring Office – Mailing Address
18607 Kuykendahl Rd.
Spring, Texas 77379
Tel: 281-370-1122 Fax: 281-370-1139

Tomball Office
25201 Kuykendahl Rd. #650
Tomball, Texas 77375

www.championspediatric.com