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To parent/guardian/patient from Children's Oasis Pediatrics
Authorization to Release Healthcare Information

Please allow 24-72 hours for the release of immunization records and two weeks for the release of all healthcare information (unless requested for an earlier date and approved by a Children's Oasis Pediatrics employee).

Below are the charges for all healthcare information that is requested:

Medical Records (any healthcare information) - $15
Immunization Records Only - $5
New Immunization Card (blue card) - $5
Tax Statements - $10
FMLA - $20
Mail Postage - actual cost- once records prepared, will call for payment

You can forego the above charges by:

- Requesting your records/immunization information be sent directly to another provider or
- Signing into the web portal and printing your own records (tax records and FMLA cannot be accessed through the web portal)

Patient's Name (Last, First): _____

Patient's Date of Birth (Month/Day/Year): _____

This request and authorization applies to (check all that apply):

- All health information unless something is specifically excepted:
  _____
- Health Information related to the following treatment, condition or dates:
  _____
- Immunization record only
- Tax Statement- Specify Year _____
- FMLA

These records will be delivered by (check one that applies):

- Pick-up- Phone _____
- Mail- Address _____
- Fax- Number _____ Attention: _____

By signing this, I agree not to make any changes or alter the records in any way.

Signature: _____ Date: _____ / _____ / _____

Printed Name: _____

Relationship to patient: _____ Phone: ( ) _____ - _____