

SEYMOUR I. HEPNER, MD, FACC
SHERIF S. TAWFIK, MD, FACC
ALAN BENHEIM, MD, FACC
SHARON S. KARR, MD, FACC
JIN H. PARK, MD, FACC
ROBERT B. ESCALERA, MD
ANNETTE K. ANSONG, MD
IRENE M. SADR, MD, FACC

8316 Arlington Blvd, Suite 610
Fairfax, Virginia 22301-5216
(703) 573-0504 Fax: (703) 573-4856

**PEDIATRIC CARDIOLOGY ASSOCIATES, PC
PATIENT MEDICAL RECORDS RELEASE & FEES**

Today's Date: _____ Contact Person: _____

Phone where you can be reached if we have questions: _____

Patient Name: _____ Patient DOB: _____

Approx. Date or Year Last Seen: _____ Records Requested (check below):

ALL: _____ Office & Echo Notes Only: _____ Specific Dates: _____

Please fax to 703-573-4856 or mail this request to the above address. In order to cover the cost of searching for and copying records, we will need to charge a nominal fee as outlined below. We will contact you with the final cost upon completion. Please allow 5-7 business days to process your request. We will do everything we can do process these requests in a timely fashion. The charge for copying the requested medical record(s) is:

		For office use:
Search and Handling Fee	\$5.00 – Flat Rate for First Page	\$ _____
Search and Handling – Offsite	\$15.00 Flat Rate for First Page	\$ _____
2 - 50 pages	\$0.25/page	\$ _____
Pages 51+	\$0.15/page	\$ _____
Copy of a DVD (Echo)	\$30.00/DVD	\$ _____
Completed Forms (physical/sports clearance)	\$15.00 – Flat Fee	\$ _____
Postage	Based on weight	\$ _____
	TOTAL DUE:	\$ _____

(The offsite search and handling fee is only charged if we have to request medical records that are in an off site storage facility. We have the previous six years in the office, so this is for older records we have already purged. Please add 2-3 more days for turnaround time. The same page rates apply.)

Please keep a copy of the records we send you. This will save you any cost for future requests.

We can either mail you the copies or you can arrange to pick them up at our Fairfax office. If you would like to authorize us to mail them to another person, please indicate that below. Upon receipt of payment we will release the records. Thank you.

Signature to authorize mailing to the below person: _____

Sincerely, _____ Send to: _____
