**GI For Kids Pediatric Gastroenterology and Nutrition Services**



**Excellent Care Every Time**

**2100 Clinch Avenue Suite 510 ∙ Knoxville, TN 37916**

**Phone (865) 546-3998 ∙ Fax (865) 546-1123 ∙**[**www.giforkids.com**](http://www.giforkids.com)

**Release of Medical Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Parent / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Patient Name and Date of Birth)

authorize GI for Kids, PLLC to OBTAIN / RELEASE copies of this patient’s medical record

FROM / TO the party listed below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Records ($20 fee may apply)

FMLA Paperwork ($25 fee)

Letter Request (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

School Related (homebound / homeschool / 504 plan)

School Medication Form

PLEASE FAX TO 865-546-1123