



AUTHORIZATION TO RELEASE MEDICAL RECORDS

**Attn: East End Pediatrics/Medical Records
Addie J. Briggs, MD
4744 Finlay Street
Richmond, Virginia 23231**

I authorize the release of medical records in your possession be transferred to:

Telephone: () _____ Fax: () _____

For the following child (ren):

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Reason: _____

Signature: _____ Relationship: _____

Date received: _____ Date faxed / mailed: _____

Please allow at least 24 hours for medical records to be received by the new physician. Be advised parents and physicians may request records up to 90 days from receipt of this request. After 90 days, inactive medical records are forwarded to archives/storage. There is a 10.00 cash only charge to retrieve records from archives/storage.

4744 Finlay Street · Richmond, Virginia 23231 · 804.864.9600 · FAX: 804.864.9647
Laburnum Square Shopping Center (Laburnum Ave & Williamsburg Rd)