



THE WORLD OF PEDIATRICS

Dr. Lyudmila Vayman

3005 Royal Blvd S., STE 100 Alpharetta, GA 30022

Tel: 770-442-5437 Fax: 770-674-3777

Medical Records/Health Information Transfer Release

(Please fill out and fax or send to your current practice or pediatrician)

Date: _____

To: _____

Fax: _____

Please release a copy of medical records for the following patient(s):

1) Patient's Name: _____

Patient's DOB: _____

2) Patient's Name: _____

Patient's DOB: _____

3) Patient's Name: _____

Patient's DOB: _____

4) Patient's Name: _____

Patient's DOB: _____

5) Patient's Name: _____

Patient's DOB: _____

Please send the records to the following address:

Lyudmila Vayman, MD
3005 Royal Blvd S, STE 110
Alpharetta, GA 30022 USA
Tel: 770-442-5437
Fax: 770-674-3777

If you have any questions, please, contact me at _____.

Thank you,

Parent/Guardian printed name

Parent/Guardian signature

Date