Olutola Adetona, MD, MPH & Omolola Adetona, DDS
9480 Huebner Road, Suite 400 San Antonio, TX. 78240
Phone 210-697-3900 Fax 697-697-3904

Authorization to TRANSFER OUT Medical/Dental Records

In accordance with the state law and regulatory agency requirements, the health record is the property of Practical Approach Pediatrics and Pediatric Dentistry. A payment of $25 for the first 40 pages and 50 cents (per page) thereafter is required before this request can be processed. This fee may be waived if sent directly to a doctor's office.

Name of parent/legal guardian requesting records: ____

Patient Name: ____ **Date of birth**: ______/______/_______

This will authorize:

Practical Approach Pediatrics and Pediatric Dentistry

9480 Huebner Road Suite 400

San Antonio, TX 78240

Phone: 210-697-3900

Fax: 210-697-3904

To transfer to:

Name: __________________________________

Address: ________________________________

City/ State/ Zip: ___________________________

Phone: __________________________________

Fax: ____________________________________

Medical / Dental Information Requested:

□ Complete medical records □ Lab reports □ Immunization record

□ Complete dental records □ Dental X-rays □ Other: ______________________

Reason for transfer:

□ I am changing doctors □ I am moving □ I want a second opinion

□ Personal Use □ Attorney / Legal □ Other:

Notice: By signing this, I acknowledge that it has been explained to me the importance of following through with my child's medical or dental needs. I understand that I am responsible for any of the complications that may occur if I am unable to follow through with care.

Signed:_______________________________ Relationship: ________________ Date: ______/______/_______