



**PINEVILLE PEDIATRICS**

**Dr. Satya Jammalamadaka MD**  
10700 Kettering Drive, Suite D Charlotte, NC 28226  
Ph: 704 .540 . 3036 Fax: 704 .543 . 3043

**Transfer of Medical Records Authorization**

Please send information including diagnosis and records of any treatment or examination rendered to:

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_

TO: Pineville Pediatrics  
10700 Kettering Drive  
Suite D  
Charlotte, NC 28226

Phone: 704 540 3036 Fax: 704 543 3043

FROM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to release information including the diagnosis and records of any treatment or examination rendered to Pineville Pediatrics. I am aware that the records released may contain information relating to psychiatric or psychological testing, physical testing, physical abuse, or drug and/or alcohol abuse.

I hereby authorize you to release HIV/AIDS test results:       YES       NO

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_