

# Lexington Pediatrics, P.C.

## Pediatric and Adolescent Medicine

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[www.lexpeds.com](http://www.lexpeds.com)

## Medical Records from a Previous Practice

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

Thank you for choosing Lexington Pediatrics and bringing us your previous records. As we are now using an electronic medical records system, we utilize and scan only the pertinent parts of your previous record as determined by our physician.

Upon your first complete physical exam here, our MDs will review your previous record and select which items she/he wants scanned into our electronic system.

If you want your record back, we will return it to you as soon as our record department is finished scanning the selected items. Otherwise we will shred it. Please be aware that due to previous record volume and queuing, it may be several weeks after the date of this first complete physical exam that our records department has completed the scanning of your chart.

We are unable to photocopy it.

\_\_\_\_\_ **I do not** want my record returned. Please shred it once you have selected and scanned the items the physician deems necessary.

\_\_\_\_\_ **I do** want my record returned. I realize it may be several weeks from the date of my first complete physical exam that the record is available to be returned to me.

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

\_\_\_\_\_  
Date