

REQUEST FOR THE RELEASE OF MEDICAL RECORDS TO:

GRAND PARKWAY PEDIATRICS

5610 W. RIVER PARK DRIVE

SUITE A

SUGAR LAND, TX 77479

281-494-8687

FAX 281-494-5201

I am requesting that medical records be released for my child(ren) to Grand Parkway Pediatrics:

Name of doctor's office or hospital

Address

Phone number/Fax

Name of child(ren):

DOB _____

DOB _____

DOB _____

DOB _____

I request that the following types of records be provided to Grand Parkway Pediatrics (check all that apply):

- Complete records
- Immunization records
- Growth chart
- Labs
- Radiology/Imaging
- Progress notes
- Correspondence from other doctors
- Newborn hospital records

If HIV testing/results are a part of the record, I would like you to include this info: Yes No

This request is made with the understanding that once these records are received by Grand Parkway Pediatrics, they become the property of Grand Parkway Pediatrics.

Signature

Relationship to patient

Date