3196 South Maryland Parkway
Suite 400
Las Vegas, NV 89109
(702) 902-4060
(702) 902-4058 (fax)
healthykidspediatrics.org
office@healthykidspediatrics.org

Medical Record Release Authorization

I hereby authorize and request you to release any and all medical records and other pertinent patient information which may include but is not limited to complete history & physical, lab, and x-ray reports, immunizations, alcohol or drug abuse, HIV, mental health, or communicable disease information or any treatment or examination rendered.

Medical records requested from:

Facility Name: ______________________________

Phone #: ______________________________

Fax #: ______________________________

Release records to:

Healthy Kids Pediatrics
3196 South Maryland Parkway
Suite 400
Las Vegas, NV 89109
Phone: (702) 902-4060
Fax: (702) 902-4058
Email: *office@healthykidspediatrics.org*

Type of medical record requested:

☐ Unlimited

☐ Limited to the following medical information:
____
____

Patient's information:

Name: ______________________________________ D.O.B.: ____________
Phone #: ______________________________________

______________________________________ ____________
Signature of parent or legal guardian **Date**