



Caring for your future

All About Kids Pediatrics

...from cradle to college

1250 N. Mill St. Dr. Suite 100
Naperville, IL 60563
(630)355-6996 Fax (630)355-0026

Request for Medical Records

Provider Name: _____

Address: _____

Phone #: _____

Fax #: _____

I hereby authorization your practice to release medical information for the named patient(s) from your office to
All About Kids Pediatrics at the address or fax number listed above.

Patient(s) Name(s):

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Records requested (please check only one):

_____ Immunizations **Only**

_____ Partial Records (list): _____

_____ Full Chart

For any questions/concerns I may be contacted most easily at the following phone number(s):

I release your office from all legal responsibilities or liability for disclosure of the above information that may arise from this authorization. I agree to pay any fees for copying each child's record requested.

Parent/guardian name (print): _____

Signature _____ Date: _____ Relationship: _____