



Request for Release of Medical Records From Westcare Pediatrics

Information Requested:

- Standard Records (growth chart, immunization records, last physical)
- Additional Records*** please list _____
(a fee will be charged for additional records)

The purpose of requesting medical records:

- Changing Doctors Personal use Moving Transfer to Internist Legal/Attorney
- Other (specify): _____

I hereby Authorize Westcare Pediatrics to release the records of:

Patients Name: _____ DOB: _____

Patients Name: _____ DOB: _____

Patients Name: _____ DOB: _____

I hereby Authorize Westcare Pediatrics to release the medical records in the following methods:

Mail to:

Practice/Person Name and Address

Fax To:

Practice/Person Name and Fax Number

Pick Up

Phone Number to be called when ready for pick up

* Release of records requires one week to process

Signature of Parent or Guardian

Date