

Pediatric Care Unlimited, Inc.
230 George Street, Suite 4
Beckley, WV 25801
(304) 252-9227

Authorization To Release Medical Records

Name of Patient(s): _____

Date Of Birth: _____

Address: _____

Street or Box Number

City, State, and Zip Code

Records Requested From:

Name of Physician or Practice

Street or Box Number

City, State, and Zip Code

I, _____, the parent or guardian of the above named child(ren) authorize the Physician or Practice listed above to release copies of all medical records, x-rays, lab work, hospital admission notes and discharge summaries to Pediatric Care Unlimited, Inc.

Parent or Guardian

Witness

Date