



SR 70 - 5255 Office Park Blvd Suite 110, Bradenton FL 34203

Tel 941 755 -7000 and FAX 941 755 7088

SR64 - 1862 Rye Road Suite 101, Bradenton, FL 34212

Tel 941-209 -7680 and FAX 941 209 7685

## RECORD RELEASE AUTHORIZATION

Date \_\_\_\_\_

Transfer records from \_\_\_\_\_

(Previous Doctor)

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Previous Doctor Telephone

Previous Doctor Fax (if available)

Mr. and/or Mrs. (parents/legal tutor) \_\_\_\_\_ Have requested APC Pediatrics to obtain significant medical information on their children.

**(Please initial each record)**

\_\_\_\_\_ Immunizations Record

\_\_\_\_\_ Consults

\_\_\_\_\_ Physical Exams

\_\_\_\_\_ Labs, X Ray results

Patient Name \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_