KENDALL PEDIATRIC PARTNERS

Phone: (305) 274-2255
Fax: (305) 274-2211

11400 N. Kendall Dr., A-211
Miami, FL 33176

MEDICAL RECORDS RELEASE REQUEST

Doctor: ______________________________

Phone: ______________________________

Fax: ______________________________

Please release to Kendall Pediatric Partners, all medical records in your possession on:

Patient Name: ______________________________

DOB: ______________________________

Address: ______________________________

____

Home Phone: ______________ Work Phone: ______________

Parent/Guardian Signature: ______________________________

Parent/Guardian Name: ______________________________

Witness Signature: ______________________________

Mail Records **Fax Records** **Patient Pick Up**

Date: ______________________________

Thank you for your attention to this matter.