



PARTNERS IN CARE PEDIATRICS

7918 Broadway St. suite #108 Pearland, TX 77581 P: 281-857-6171 F: 346-773-4155

Medical Information Release Form

(HIPAA Release Form)

Patient Name: _____ DOB: __/__/__

Release of Information

I authorize Partners in Care Pediatrics for request of medical records from:

Name of person or facility: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Records To be sent to

Name of Person or Facility: Partners in Care Pediatrics

Practice Address: 7918 Broadway St. suite 108

City: Pearland State: TX Zip: 77581

Phone: 281-857-6171 Fax: 346-773-4155

Please Select all the specific documents that apply to your request

- Clinic Notes
- Progress Notes
- History & Physical
- Discharge Summary
- Radiology reports
- Lab reports
- Urgent Care
- Nurses Notes
- Emergency Room
- Other _____

Signed: _____ Date: __/__/__
