



Westside Pediatrics, Inc.

Authorization for Release of Health Records

Date: _____

Dear Dr. _____

Please release the complete health records of the following patients:

_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____

Patient's vaccinations, growth chart & last checkup can be faxed to 310-979-7338

All other documents can be mailed to: Westside Pediatrics, 12301 Wilshire Blvd., Suite 120, Brentwood, CA 90025

Thank you,

Signature

Relationship to Patient

Date

IMPORTANT:
FAX ONLY VACCINATIONS, GROWTH CHART & LAST CHECKUP
PLEASE MAIL EVERYTHING ELSE