COMPREHENSIVE
Pediatric Care

Authorization For Release of Medical Records

To Previous Physician / Practice / Hospital:

Please release the complete medical records of my child/children to:
Comprehensive Pediatric Care
1151 N. Buckner Blvd. Ste 203
Dallas, TX 75218
P: 214-324-4221 F: 214-324-3705
bookings@dallaspeds.com

Name of child(ren)	Date of Birth

"I authorize and request the disclosure of all protected information for the purpose of review and evaluation in connection with a legal claim. I expressly request that the designated record custodian of all covered entities under HIPAA identified above disclose full and complete protected medical information including the following:

o COMPLETE medical record: every single page in my medical record.
o BRIEF medical record (as circled): Newborn nursery Physician Discharge summary, Last history and physical, Growth charts, Immunization record, Specialist consult notes, Lab results, Imaging reports, Inpatient reports, ER reports

Signature of Parent/Guardian Authorizing Release:

Relationship to child/children:

Date: