



HEALTHY KIDS CARE
AT SUNRISE

3196 South Maryland Parkway
Suite 411
Las Vegas, NV 89109
(702)444-7685
healthykidscarelv.org
info@healthykidscarelv.org

Medical Record Release Authorization

I hereby authorize and request you to release any and all medical records and other pertinent patient information which may include but is not limited to complete history & physical, lab, and x-ray reports, immunizations, alcohol or drug abuse, HIV, mental health, or communicable disease information or any treatment or examination rendered.

Medical records requested from:

Release records to:

Facility Name:

Healthy Kids Care
3196 South Maryland Parkway Suite 411
Las Vegas, NV 89109
(702)444-7685
Email: info@healthykidscarelv.org

Phone #:

Fax #:

Type of medical record requested:

- Unlimited
- Limited to the following medical information:

Patient's information:

Name: _____

D.O.B.: _____

Phone #: _____

Signature of parent or legal guardian

Date