## CHILDREN'S MEDICAL GROUP, P.A.

PEDIATRICS

☐ 3920 AIRPORT BOULEVARD, SUITE-A MOBILE, ALABAMA 36608 Airport (251) 342-3810 □ 610 PROVIDENCE PARK DRIVE, SUITE 201 MOBILE, ALABAMA 36695 Providence (251) 639-1300

Please allow 5-7 days for requested records to be sent.

	00 17 14 7 127 1	B : 500
Patient Name (Print)	SS or Health Record Number	Patient DOB
Address	City/St/Zip	Phone
authorize	to use or <u>release</u> my health ir	nformation as described below.
Address	Phone:	Fax:
Please identify the information to be released:  Please release my entire record  OR-  Please release <i>only</i> the following info	ormation (check appropriate boxes and include	e other information where indicated):
☐ Problem List ☐ List of	Allergies	☐ Medication List
☐ Office Notes ☐ History	y & Physical Discharge	
☐ Lab results: Consultation reports:	☐ X-ray and imaging reports: ☐ Other (please describe):	
☐ My personal records ☐ Attorney/Legare initial each item below to indicate yo	al Continued Care (Consult/Referral)	
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