

Pediatric Associates of Plano

Record Request Form

Date

Physician/facility name

Office number

address

Office fax

address

city, state zip

I hereby authorize the release of my child's medical records be sent to:

Pediatric Associates of Plano
6130 W. Parker Rd. #410
Plano, Texas 75093
972-981-8380
972-981-8463 fax

Child's printed name

DOB

Parent's printed name

Parent's Signature