

55 E. Loop Rd. Suite 301
Wheaton, IL 60189
Phone: 630-690-7300
Fax: 630-690-7335
www.wheatonpediatrics.com



Wheaton Pediatrics, Ltd

PATIENT(S) NAMES AND DATE OF BIRTH: _____

I HEREBY AUTHORIZE

HOSPITAL: CDH EDWARDS DELNOR GOOD SAMARITAN

OTHER _____

MISC: STATE LABORATORY NEWBORN SCREENING RESULTS

OTHER _____

THEIR PHONE OR FAX NUMBER _____

TO RELEASE MY CHILD/CHILDRENS MEDICAL RECORDS

(DESCRIPTION OF RECORDS TO BE RELEASED)

ALL MEDICAL RECORDS

HOSPITAL BIRTH RECORDS

NEWBORN SCREENING RESULTS

IMMUNIZATION RECORDS

MEDICAL RECORDS LIMITED TO _____

SCHOOL RECORDS _____

OTHER _____

PLEASE SEND THE ABOVE RECORDS TO:

WHEATON PEDIATRICS, LTD.

55 E. LOOP RD., SUITE 301

WHEATON, IL 60189

FAX: (630) 690-7335

SIGNATURE OF PARENT/GUARDIAN

DATE

July 18, 2008
Page 2

PHONE NUMBER