MEDICAL CENTER PEDIATRICS
MEDICAL RELEASE AUTHORIZATION (IN)

I authorize the release of medical records to:

Medical Center Pediatrics
30400Telegraph Rd Ste 101
Bingham Farms, MI 48025
Phone: (248) 642-5437
Fax: (248) 642-5456

Medical Center Pediatrics
5793 West Maple Rd. Ste 153
West Bloomfield, MI 48322
Phone: (248) 539-7726
Fax: (248) 539-7823

Regarding the following patient(s):

Patient Name: _____DOB:_____

Patient Name: _____DOB:_____

Patient Name: _____DOB:_____

Patient Name: _____DOB:_____

Please forward entire chart including immunization record and lab work.

From (Office Name):_____

Phone Number:_____ Fax Number:_____

Parent/Guardian:

Sign:_____Date:_____

Print Name:_____Date of Birth:_____

Relationship to patient:_____

Address: _____

City: _____State:_____Zip:_____

Primary Phone Number:_____Alternate Phone:_____