



REQUEST FOR RELEASE OF MEDICAL INFORMATION

RELEASE FROM:

Name

Address

City State ZIP Code

Phone Fax (required)

RELEASE TO:

Peachtree Park Pediatrics, LLP
3193 Howell Mill Road
Suite 250
Atlanta, GA 30327
Phone 404-351-1131 Fax 404-351-3515

Please release records on the following patient(s)

1. _____ Date of Birth _____
2. _____ Date of Birth _____
3. _____ Date of Birth _____

Signature of Parent or Legal Guardian

Date

GUARANTOR INFORMATION:

Parent(s) Name

Home Address

City State ZIP Code

Phone Email

Thank you.