



PEARLAND PEDIATRICS

& SPORTS MEDICINE

2017 East Broadway, Suite A, Pearland, TX 77581
(P) 281-485-9990 (F) 281-485-9469
www.pearlandpediatrics.com

Jason E. Decker, MD, FAAP
Jennifer D. Gray, MD, FAAP
Brad Onhaizer, MD, FAAP
Heather Hummel, MD, FAAP
Jeannie Huynh, MD, FAAP
Jackson Massanelli, MD, FAAP
Shannon O. Stroope, MD, FAAP
Christine Palacios, MD, FAAP
Delia Garcia, MSN, CPN, FNP-C
Dana Reyes, FNP-C
Karen Bolton, RN, MS, FNP-C
Kelley Arcement, CPNP
Lacy Guynes, FNP
Rachael Farmilette, PA-C

Authorization for Release of Medical Information

Patient Name: _____ DOB: _____

Patient Address: _____ Phone #: _____

I hereby authorize and request copies of medical records from:

Name of Company/Agency/Facility/Person

Phone #

Street Address, City, State, Zip

Fax #

Information to be release to:

Pearland Pediatrics, P.A., 2017 Broadway St, Pearland, TX 77581
Phone: 281) 485-9990, Fax: 281) 485-9469, office@pearlandpediatrics.com

Check Information to be Requested:

- Entire Record
- Immunization Records
- TB Skin Test
- Lab Tests
- X-Ray Reports
- Physical Exams
- Discharge Reports
- Billing Records
- Other (specify): _____

Reason for Request:

- Change of Doctor
- Continuation of Care
- Personal Records
- Attorney/Legal
- Insurance
- Consultation
- Other (specify): _____

I would like for this information to be: Mailed Faxed I will pick up

I understand this information is confidential and there shall be no further disclosure without the written authorization of the patient and his/her legal guardian. Multiple requests may necessitate a copying fee of \$25.00. Please be aware that by state law we have 14 days in which to comply with your request. (Shot records can usually be faxed the same day.)

Signature of Parent/Legal Guardian

Relationship to Patient

Date