Kids Choice Pediatrics

2775 Cruse Road, Suite 1801 Lawrenceville, GA 30044

Phone: (678) 380 9199 Fax: (770) 935 0199

I,, here medical records/immunizations to be re	eby authorize and request all of my child's eleased to Kids Choice Pediatrics.
Child's Name:	
Date of Birth:	
Patient's Phone Number:	
Physician's Name and address who	_
Address:	Phone:Fax:
	. -
Please fax/send the child's records to page.	the address listed on the top part of this
Parent's Signature:	
Date:	

This information is confidential. The information is intended only for the use of individuals to whom it is addressed to and may contain information that is priviledged, confidential, or exempt form other disclosure under applicable law.