

Kids Choice Pediatrics
2775 Cruse Road, Suite 1801
Lawrenceville, GA 30044
Phone: (678) 380 9199
Fax: (770) 935 0199

I, _____, hereby authorize and request all of my child's medical records/immunizations to be released to Kids Choice Pediatrics.

Child's Name: _____

Date of Birth: _____

Patient's Phone Number: _____

Physician's Name and address who is releasing this information:

Name: _____ Phone: _____
Address: _____ Fax: _____

Please fax/send the child's records to the address listed on the top part of this page.

Parent's Signature: _____

Date: _____