

Monterey Peninsula Pediatric Medical Group

2 Upper Ragsdale Dr, Suite B210, Monterey, CA 93940

Ph 831-333-0999

Fax 831-333-0909

Records Out

There is a \$15 fee for copying medical records.

Date: _____

Re: _____ DOB: _____

_____ DOB: _____

I hereby authorize:

Monterey Peninsula Pediatric Medical Group

2 Upper Ragsdale Dr, Suite B210, Monterey, CA 93940

Ph 831-333-0999

Fax 831-333-0909

to furnish a copy of records – full detail including immunizations- of the medical care and treatment of the above named child/children to:

For the purpose of:

specialist moving out of area change of insurance other

Parent/guardian signature: _____

Name: _____

Address: _____

Phone # : _____

I understand that these records may indicate treatment for a psychiatric condition, alcohol or substance abuse, and/or HIV testing

ok to release do not release not applicable

Parent/guardian signature: _____