



Almaden Pediatrics, Inc.

Authorization to Release Patient Medical Information

I hereby authorize the release of Medical Records, excluding protected records as follows:

Please Limit to the LAST 2 YEARS Information Only:

- Chart Notes/ Medical Summary
- Immunization Records
- Growth Records
- Laboratory and/or X-Ray Reports
- Other: _____

Records to be released from:

Name: _____ Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Records to be released for:

Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____

Please send records to:
Almaden Pediatrics, Inc
6489 Camden Ave, Suite 102
San Jose, CA 95120
(408) 268-1122
Fax (408) 268-5215

Authorization to Release Medical Information:

 Name (please print) of Parent/Guardian Phone Number

 Signature of Parent/Guardian Relationship to Patient Date

Authorization valid for 90 days only, and may be revoked in writing at any time prior to 90 days by notifying the office.