



**THE
PEDIATRIC
GROUP**
OF SOUTHERN CALIFORNIA

18370 Burbank Blvd Suite 307
Tarzana CA 91356 • 818.996.6000

29525 Canwood Street Suite 250
Agoura Hills CA 91301 • 818.735.5555

Medical Record Release

from The Pediatric Group and/or The Allergy Group of Southern California

Medical Release Authorization Form

I hereby authorize and request you to release any and all medical records and other pertinent patient information which may include but is not limited to complete history & physical, lab, and x-ray reports, immunizations, alcohol or drug abuse, HIV, mental health, or communicable disease information or any treatment or examination rendered.

Medical Facility Records Requested from:

Name: _____

Address _____

Phone #: _____

Fax #: _____

Release Records to:

The Pediatric Group and Allergy Group

18370 Burbank Blvd, Suite 307

Tarzana, CA 91356

Fax (818) 996-4712

Email Address: theoffice@thepediatricgroup.net

Medical Records Requested:

Unlimited

Limited to the following medical information: _____

Patients Name: _____ DOB: _____

Patients Address: _____

Patients Phone #: _____ Date: _____

Signature of Patient or Legal Guardian

Relationship (if other than patient)