Kathryn R. Lin, M.D.
Amanda C. Puentes, M.D.
Maribelis Perez, M.D.
6712 Dairy Rd
Zephyrhills, FL 33542
(813)782-6064 Fax: (813)782-0984
www.ppzdocs.com

PEDIATRIC PARTNERS OF ZEPHYRHILLS, PA

OUTGOING REQUEST
FOR RELEASE OF MEDICAL INFORMATION

I hereby request you to release to me any information including diagnosis and records of any treatment or examination rendered to my child during the period

From _____ To _____

CHILD'S NAME _____

SOCIAL SECURITY NUMBER _____

SEX _____ DATE OF BIRTH _____

DATE _____

I understand that I am responsible for payment of a Medical Records fee at the time I pick up my records. The fee for my records is _____.

SIGNED _____

WITNESS _____

REASON FOR REQUEST _____

PLEASE MAIL MY RECORDS TO ME AT:

_____

_____

_____