Model City Pediatrics

Dr. Tatiana Bidikov
1300 Leighton Ave
Anniston, AL 36207

256-237-0023 256-237-9022

AUTHORIZATION FOR RELEASE OF INFORMATION

_____ _____

Patient's Name Date of Birth

_____ Release records **to** Model City Pediatrics **from**:

_____ Release records **from** Model City Pediatrics **to**:

Information Requested:

- ☐ Immunization Record/ Growth Chart/ Last Well Visit
- ☐ Complete Medical Record
- ☐ Labs/X-Rays

_____

Doctor/Medical Group/Parent

_____

Address

_____

City/State/Zip Code

_____

Phone/Fax

I authorize you to furnish a copy or summary of medical records on the above named child/ children to the above named doctor/medical facility. I release you from all legal responsibility of liability that may be derived from this authorization.

_____ _____

Parent/Legal Guardian Date

Reason for Request: _____