

BEVERLY HILLS PEDIATRICS

AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION

Dear Dr. _____

We now have the pleasure of taking care of:

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Please fax a copy of the patient's medical record including vaccinations and growth charts to 310-854-0440.

Or mail to: Beverly Hills Pediatrics
8530 Wilshire Blvd suite 520
Beverly Hills, CA 90211

Thank you,

Signature

Relationship to patient