

Algonquin Pediatrics
600 S. Randall Road
Suite 200
Algonquin, Illinois 60102
algonquinpediatrics.com



Arlington Pediatrics, Ltd.

847-398-0400 Phone 847-398-9590 Fax

Arlington Pediatrics, Ltd.
3325 N. Arlington Heights Road
Suite 100A
Arlington Heights, Illinois 60004
arlingtonpediatrics.com

REQUEST AND AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, the parent or legal guardian of the child(ren):
(please print)

(first name, last name) DOB ____ / ____ / ____

(first name, last name) DOB ____ / ____ / ____

(first name, last name) DOB ____ / ____ / ____

(first name, last name) DOB ____ / ____ / ____

request and authorize _____
(name of facility to release records)

to release the complete medical records of the above named patient(s) for the purpose of continued medical care to:

Arlington Pediatrics, Ltd.
3325 N. Arlington Heights Road, Suite 100A
Arlington Heights, Illinois 60004

Please forward my child(ren)'s records to Arlington Pediatrics, Ltd. as soon as possible. Please include a copy of my child(ren)'s most recent physical examination record.

Thank you.

(Signature of parent or legal guardian authorizing release) Date: ____ / ____ / ____