



Bambini Pediatrics PC

Wholesome Medical Care for Kids

Medical Records Request

To: Name _____ (fill in the same name in the space below)

Street _____

City / Zip _____

Fax _____

Re: Pt. Name _____

DOB _____

The above patient is under the care of Bambini Pediatrics. Please forward the following information as soon as possible:

- Immunizations, growth chart, and last six pages of progress notes
- Complete medical record
- Labs (specify: _____)
- X-ray reports (specify: _____)
- Other (specify: _____)
- Time period: _____

I hereby authorize _____ to furnish the above requested information contained in my child's medical record to Bambini Pediatrics.

(signature, parent or guardian) (date)