

Request for release of Medical Records

After Hour Pediatrics Urgent Care Clinic
210 Baldwin Avenue, San Mateo, CA 94401
Phone 650-579-6581 Fax 650-579-7851

Today's Date: _____

I, _____ (Print Name), parent/legal guardian of
_____ (Patient's Name), authorize After Hour Pediatrics to release
my child's records to:

Name: _____

Address: _____

Phone #: _____

Check one _____ All records _____ Date Range _____

Signature of Parent/Legal Guardian _____

Name of Patient: _____ Patient's Date of Birth _____

**Please Note: Please allow up to two weeks for this written request to be processed. Our office will contact you when records are available are pick up.*

Office Use Only:

Date Received: _____

Date Processed: _____

Approved By: _____