

Pomona Pediatrics, PC
Record Release Authorization

Date: _____

Dear Pomona Pediatrics,

Please provide the medical records for the following patient(s):

First Name	Last Name	DOB
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First Name	Last Name	DOB
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First Name	Last Name	DOB
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First Name	Last Name	DOB
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and send to the following address:

Signature	Printed Name	Date
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Relationship to patient (circle one): Self Parent Guardian

Pomona Pediatrics provides the immunization record and growth chart at no charge.

_____ I would like just the growth chart and immunization records (recommended for healthy patients).

or

_____ I would like a full copy of the patient's chart at the rate of **\$0.75 per page**.

Please call or stop in to make a payment.