Spring Pediatrics
10750 COLUMBIA PIKE #230
SILVER SPRING, MARYLAND 20901

TELEPHONE: 301-585-9600
FAX: 301-585-5888

Date: _____

I hereby authorize Dr. _____

Address: _____

_____

Ph: _____

F: _____

to release my entire medical records to Spring Pediatrics for continuation of care of:

1. _____ DOB: _____
2. _____ DOB: _____
3. _____ DOB: _____

Signature: _____

Relationship: _____

Witness: _____

Please send the following, if available:

□ complete records
□ immunization records
□ lead test results
□ most recent wellness exam
□ most recent blood test results
□ newborn screen results