

FORT WAYNE PEDIATRICS
2810 Dupont Commerce Court
Fort Wayne, IN 46825
Phone: (260) 490-7337
Fax: (260) 489-8937



FORT WAYNE PEDIATRICS

MEDICAL RECORDS RELEASE TO FORT WAYNE PEDIATRICS

I hereby authorize and request the release of information contained in the medical records of:

PATIENT NAME(S)

PATIENT(S) DATE OF BIRTH

INFORMATION TO BE RELEASED:

*** * PLEASE MAIL RECORDS (DO NOT FAX) * ***

The purpose for which the following information is being requested: _____

- All records: including newborn hospital care, newborn screen, growth chart, lab reports, and immunizations.
- Immunizations Only

RELEASE TO:

- James Steigmeyer, M.D.
- James Bollier, M.D.
- Michael Sauer, M.D.
- Amy Fuchs, M.D.
- Theresa Gutierrez, M.D.
- Camille Smith, M.D.
- Lindsay Ligler, M.D.
- Kristen Frane, M.D.
- Hannah Ashworth, M.D.
- Grant Adams, M.D.
- Ellen Cooper, M.D.

PERSON OR FACILITY RELEASING RECORDS:

Name

Address

City, State, Zip

Fax Number

I, the undersigned, understand that I may revoke this authorization at any time, in writing, but the request shall remain valid until revoked or upon the expiration of (60) days, whichever occurs first, except to the extent that action has been taken thereon. I understand that I am giving permission to release medical information which may include treatment for physical and/or emotional illness, pregnancy, genetic testing, communicable diseases, alcohol or drug abuse treatment, and/or HIV, AIDS or AIDS-related information.

Date: _____

Signature of Parent/Guardian: _____ **Relationship to Child:** _____

Current Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____