South Philadelphia Pediatrics
1408 s. Broad Street 2nd fl
Phila, PA 19146
P:215-467-3515

Whitman Pediatrics
2240 s 3rd Street
Phila, PA 19148
P:215-755-2652

Queen Village Pediatrics
528 s 2nd Street, Suite 109
Phila, PA 19147
P:215-592-0715

PRACTICE RECORDS ARE COMING FROM:

Doctor/ Practice Name:

Address:

(STREET CITY STATE ZIP)

Phone #: Fax#

I hereby authorize to release my child's/children's records to

(NAME OF DOCTOR OR PRACTICE RECORDS ARE COMING FROM)

South Philadelphia Pediatrics

Please fax the following records to 215-467-0338 or email to Records@southphiladelphiapediatrics.com

Patients under 3yrs old please send complete record including newborn screen results and newborn hearing screen results.

Immunization records

Growth measurements/growth chart

Medical history/problem list

Medication list

Allergy list

Labs

Well Visit notes (2-4yrs worth).

Patients Name:_____ DOB_____

Parent/Guardian Name: Date:

(PLEASE PRINT)

Parent/Guardian Signature: Phone #

Please fax or email records
If it's a large file (over 50pgs), please email records or send in batches.

Fax # 215-467-0338 Email: Records@Southphiladelphiapediatrics.com