



24 S 1100 E #301  
SLC, UT 84102  
Phone: 801-521-2640  
Fax: 801-363-6407

AUTHORIZATION TO RELEASE INFORMATION

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PATIENT CURRENT ADDRESS: \_\_\_\_\_

I authorize Sunnyside Pediatrics to (please check) [ ] release information to and/or [ ] receive information from the following:

PROVIDER/FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of provider seen at Sunnyside Pediatrics: \_\_\_\_\_

INFORMATION TO BE RELEASED:

- Complete health record
- Physical Exam
- Immunization records
- Lab/Radiology reports
- Other \_\_\_\_\_

REASON FOR RECORD RELEASE:

- Change of insurance
- Moved
- Over 18 years old
- Referral to specialist
- Personal copy
- Unhappy with practice

\*\*If needed before 48 hours there will be a \$25.00 rush fee\*\*

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient

Sharon Schriewer, MD ● Suzanne Holbrook, MD ● Jennifer Cox, MD ● Sandra Phillips, MD  
Paul Swensen, MD ● Ginny Hiatt, NP