Sunnyside Pediatrics
24 S 1100 E #301
SLC, UT 84102
Phone: 801-521-5640
Fax: 801-363-6407
medrecords@sunnysidepeds.com

AUTHORIZATION TO RELEASE INFORMATION

PATIENT NAME: _____ DATE OF BIRTH: _____

PATIENT CURRENT ADDRESS: _____

CURRENT PHONE NUMBER: _____

I authorize **SUNNYSIDE PEDIATRICS** to:

[ ] Release information to:

[ ] Receive information from:

PROVIDER/FACILITY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

INFORMATION TO BE RELEASED

- ☐ Complete health record
- ☐ Physical Exam
- ☐ Immunization records
- ☐ Lab/Radiology reports
- ☐ Consultation reports
- ☐ Other _____

REASON FOR 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