Lake Worth Pediatrics

3112 S Congress Ave., Ste A
Palm Springs, FL 33461
Phone: (561) 964-0110 | Fax: (561) 964-0401

MEDICAL RECORDS RELEASE FORM

PATIENT'S NAME _____ ***D.O.B*** _____

I _____, authorize _____

To release my son/daughter's medical records (including HIV information) to Dr. Shankaraiah at Lake Worth Pediatrics.

_____
Date

_____
Parent Signature

_____
Guardian Signature