



**THE  
PEDIATRIC  
GROUP**  
OF SOUTHERN CALIFORNIA

18370 Burbank Blvd Suite 307  
Tarzana CA 91356 • 818.996.6000

29525 Canwood Street Suite 250  
Agoura Hills CA 91301 • 818.735.5555

## **Medical Record Release**

*from The Pediatric Group and/or The Allergy Group of Southern California*

I \_\_\_\_\_ am authorizing the release of my child's/children's medical records:

\_\_\_\_\_  
(Please print child/children's name clearly)

I am requesting these records for the following reason (please circle one):

- Leaving the Practice
- Needed for insurance purposes
- Requested by specialist

Please forward to the following office/person at the address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

Please have records ready to pick up in the **Tarzana** or **Agoura Hills** office (please circle one).

\*\* I am aware that there is a \$25.00 charge per chart and payment is required prior to the copying and transfer of all records. I also understand that the average copy time is 7-10 working days.

\_\_\_\_\_  
Printed Name and Relationship to patient(s)

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date