



Twelve Oaks
Pediatrics

HEALTH INFORMATION REQUEST

DATE: _____

PATIENT NAME: _____

DOB: _____ PHONE: _____

STEP 1: INFORMATION REQUEST

INFORMATION REQUESTED BY:

Mom Dad Patient Legal Guardian Other _____

INFORMATION REQUESTED:

Health Appraisal Form
 Immunization Records
 Sports Physical Form
 Other: _____

STEP 2: AUTHORIZATION

AUTHORIZATION BY:

Mom Dad Patient Legal Guardian Other _____

TO RELEASE INFORMATION TO:

Mom Dad Patient Legal Guardian Other _____

BY:

Pick up in office
 Fax to # _____
 Mail to: _____

Parent/patient/legal guardian signature

FOR OFFICE USE ONLY (BELOW THIS LINE)

STEP 3: FORM COMPLETION

FORM COMPLETED ON _____ BY _____
 PATIENT NOTIFIED FOR PICK UP BY _____

STEP 4: INFORMATION RELEASE

INFORMATION RELEASED TO:

Mom Dad Patient Legal Guardian Other _____

ON (DATE): _____

BY:

Pick up in office
 Fax
 Mail

Staff Initial: _____