

RECORD REQUEST FOR PATIENTS JOINING ORCHARD PEDIATRICS

ORCHARD PEDIATRICS, P.C.
6900 Orchard Lake Road, Suite 206
W. Bloomfield, MI 48322
(248) 855-7510
(248) 855-5626 Fax

Please complete the following so that we may obtain your records from your previous physician:

Doctor / Hospital _____
Complete Address _____

I hereby authorize you to release and send copies of:

- 1. Immunization records only.
- 2. All records, including HIV testing results, mental health, chemical dependency and any infectious diseases.
- 3. PKU results

To Orchard Pediatrics for the following children:

_____ DOB _____
_____ DOB _____
_____ DOB _____

Signature of parent or legal guardian:

Witness _____ Date _____