

**kidsWellness Pediatrics**

**ERIC N. RYDLAND, M.D., D.A.B.P.**

**Holistic Children's Medical Care Since 1981**

*Certified, American Board of Pediatrics*

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**REQUEST TO RELEASE MEDICAL RECORDS**

**TO:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

Please consider this my formal written request for you to release copies of all office/progress notes, growth charts, immunization records, lab results and all other medical information for my child/children listed below. **Because of the nature of our work we need COMPLETE medical records, not a summary.**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

**Please release medical records to the above address.**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_