



UNIQUE PEDIATRICS

GENERAL PEDIATRICS--39000 BOB HOPE DRIVE--KIEWIT SUITE 211--RANCHO MIRAGE, CA 92270

ERNESTO R. MILLAN, MD--MEDICAL DIRECTOR--TEL: (760) 776-5620--FAX: (760) 776-5626

MEDICAL RECORD RELEASE AUTHORIZATION

DATE: _____

I _____ PARENT/ GUARDIAN OF: _____

HEREBY REQUEST THAT UNIQUE PEDIATRICS TRANSFER MEDICAL CARE AND THE FOLLOWING:

GROWTH RECORD _____	(FREE OF CHARGE)	CONSULTATION REPORTS _____	(\$5.00 SERVICE FEE)
IMMUNIZATION RECORD _____	(FREE OF CHARGE)	MEDICAL SUMMARY _____	(\$10.00 SERVICE FEE)
COMPLETE CHART COPY _____	(30.00 SERVICE FEE PER COPY)		

TO: _____
DOCTOR/ MEDICAL CLINIC

ADDRESS _____

TELEPHONE/ FAX NUMBER _____

SIGNATURE