



# UNIQUE PEDIATRICS

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

ERNESTO R. MILLAN, MD

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## RECORD RELEASE AUTHORIZATION

I \_\_\_\_\_ GUARDIAN / PARENT OF

\_\_\_\_\_ HEREBY REQUEST THAT

\_\_\_\_\_  
DOCTOR OR HOSPITAL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE/FAX NUMBER

TO RELEASE MY CHILD'S IMMUNIZATION RECORD \_\_\_\_\_, COMPLETE CHART COPY \_\_\_\_\_, AND /  
OR MEDICAL SUMMARY \_\_\_\_\_ TO "UNIQUE PEDIATRICS" CARE OF  
DR ERNESTO MILLAN \_\_\_\_\_  
(PLEASE CHECK APPLICABLE ITEMS)

MY CHILD'S DATE OF BIRTH IS \_\_\_\_ - \_\_\_\_ - \_\_\_\_

RELEVANT DATE(S) OF CARE GIVEN \_\_\_\_\_

GUARDIAN / PARENT SIGNATURE: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_ - \_\_\_\_ - \_\_\_\_