



UNIQUE PEDIATRICS

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

ERNESTO R. MILLAN, MD

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TRANSFER OF MEDICAL RECORDS

I HEREBY AUTHORIZE AND REQUEST THAT "UNIQUE PEDIATRICS" RELEASE MY CHILD'S IMMUNIZATION RECORD ___ OR CHART COPY ___ TO:

DOCTOR OR HOSPITAL

ADDRESS

TELEPHONE/ FAX NUMBER

GUARDIAN/PARENT SIGNATURE: _____

DATE: ____ - ____ - ____

- 1- IMMUNIZATION RECORDS WILL BE FAXED OR MAILED FREE OF CHARGE.
- 2- CHART COPY IS PROVIDED UPON RECEIPT OF SIGNED REQUEST FORM AND A \$20.00 FEE.
- 3- ADDITIONAL COPYS ARE MADE AT \$20.00 PER COPY.