



My Kids
Pediatric Partners
 Dr. Michelle Kunec Sudo, DO
 1102 Highway 315 Blvd, Wilkes-Barre,
 PA 18702-6953
 P: 570-235-1470 F: 570-550-9256
 www.MyKidsNEPA.com

**Authorization Form for Release of Medical Record Information
 To My Kids Pediatric Partners, PC**

Name: _____ **Date of Birth:** _____
Name: _____ **Date of Birth:** _____
Name: _____ **Date of Birth:** _____
Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

I hereby authorize:

Name of Doctor/Practice: _____

Address: _____

Phone Number: _____ **Fax Number:** _____ **to release my child's/children's protected health information, including copies of my medical record of care, to the following person, physician, group or entity listed below:**

My Kids Pediatric Partners, PC
 1102 Highway 315 Blvd.
 Wilkes-Barre, PA 18702

Telephone: 570-235-1470 Fax: 570-550-9256

Information Requested:

___ Medical Records, including Immunizations
 ___ Medical Records from Specific Dates of Service: From _____ To _____
 ___ Most recent two (2) years
 ___ Specific Medical Records Listed Here _____

PURPOSE FOR THE RELEASE OF INFORMATION:

- Transferring to Adult Practice
- Personal Use
- Relocation
- Transferring to another Pediatric Practice (Reason): _____
- Other (Please describe): _____

Signature: _____