

Kids Care Pediatrics
110 Baughman's Ln. Ste. 150
Frederick, Md. 21702
(P) 301-696-8813 (F) 301-696-8832

Medical record release form

Date: _____

To: _____

Fax Number: _____ Phone #: _____

From: **Kids Care Pediatrics** _____

I, _____ parent/guardian, of
_____ DOB _____, am requesting the

release of his/her entire medical records to Kids Care Pediatrics 801 Toll House Ave Ste. H6
Frederick, Md 21701.

Parent/Guardian (Please print)

Parent/Guardian (Signature)

Patient Name

Reason for request

*** If there is a problem with this transmission or you did not receive the number of pages specified, please
contact our office at 301-696-8813>***

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