



Bambini Pediatrics PC

Wholesome Medical Care for Kids

Medical Records Request

To:

*The name of the doctor
or clinic your child went
to goes here*



Name _____

Street _____

City / Zip _____

Fax _____

Re:

*Your child's name goes
here* →

Pt. Name _____

DOB _____

The above patient is under the care of Bambini Pediatrics. Please forward the following information as soon as possible:

- ☐ Immunizations (*always provided at no charge*)
- ☐ problem list, growth chart, and last five pages of progress notes*
- ☐ Complete medical record*
- ☐ Labs, x-ray reports (specify: _____)
- ☐ Discharge summary (specify: _____)
- ☐ Other (specify: _____)
- ☐ Time period: _____

I hereby authorize you to furnish the above requested information contained in my child's medical record to Bambini Pediatrics PC.

**Please note that some practices now charge families by the page for these records.*

(signature, parent or guardian)

(date)

(phone – if fees apply)