

**GLENDALE PEDIATRICS**

A PROFESSIONAL CORPORATION  
1500 EAST CHEVY CHASE DRIVE, SUITE 250  
GLENDALE, CALIFORNIA 91206-4139

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**RECORDS RELEASE AUTHORIZATION**

TO: \_\_\_\_\_  
*Doctor or Hospital*

ADDRESS: \_\_\_\_\_

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

**GLENDALE PEDIATRICS**

A PROFESSIONAL CORPORATION  
1500 EAST CHEVY CHASE DRIVE, SUITE 250  
GLENDALE, CALIFORNIA 91206-4139

ALL RECORDS IN YOUR POSSESSION CONCERNING \_\_\_\_\_  
\_\_\_\_\_ ILLNESS AND/OR

TREATMENT DURING THE PERIOD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

NAME: \_\_\_\_\_ TEL. ( ) \_\_\_\_\_ ext. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy