ADVANCED
PEDIATRICS OF BOCA

TopLine MD Alliance

Authorization for Acquisition of Medical Records:

I authorize:

Advanced Pediatrics of Boca
9970 N Central Park Blvd., Suite 203
Boca Raton, FL. 33428
Phone: 561-487-1616/ Fax: 561-487-1619

To acquire my records from:

Facility _____
Address _____
_____
Main #_____
Fax #_____

For the Child(ren) named below:

1._____ Date of Birth_____
2._____ Date of Birth_____
3._____ Date of Birth_____
4._____ Date of Birth_____

By signing below, I am authorizing the acquisition of the above named patients' records, growth charts and immunization history, to Advanced Pediatrics of Boca.

Parent Signature_____ Date: _____