KENDALL PEDIATRIC PARTNERS
Alina Siblesz Ruiz, MD   Raquel Olavarrieta, MD

Phone: 305- 274-2255
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11400 N. Kendall Dr., A-211
Miami, FL 33176

MEDICAL RECORDS RELEASE REQUEST

Doctor: ______________________________

Phone: ______________________________

Fax: ______________________________

Please release to Kendall Pediatric Partners, all medical records in your possession on:

Patient Name: ______________________________

DOB: ______________________________

Address: ______________________________

____

Home Phone: ______________ Cell Phone: ______________

Parent/Guardian Signature: ______________________________

Parent/Guardian Name: ______________________________

Witness Signature: ______________________________

Mail Records   **Fax Records**   **Patient Pick Up**

Date: ______________________________

Thank you for your kind attention to this matter