



2999 Regent Street, Suite 325, Berkeley, CA 94705
96 Davis Road, Suite 2, Orinda, CA 94563
(925) 438-1100
www.eastbaypediatrics.com

Record Release

Please release medical records concerning:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

To:

Physician's name

Address

City State Zip Phone#

Reason for request:

Signature of Parent or Guardian Date

Full copy of records - \$30 per patient
Summary of visits, includes vaccine records - free