



925 WESTBANK DRIVE, SUITE 100 • AUSTIN, TX 78746 • PHONE: 512-327-0411 • FAX: 512-327-5437
WWW.411PEDIATRICS.COM

Authorization for Medical Records Release

****This medical records release form must be sent by the patient's parent or guardian to the previous medical practice where the patient's medical records are currently housed. Once this form is sent to that practice, the previous practice has up to 30 days to release records and send them to 411 Pediatrics.****

I hereby authorize:

Name of PREVIOUS medical practice: _____

Dr: _____ Phone #: _____

To release information from the medical records of:

Patient Name: _____

Date of Birth: _____

Entire Medical Records

Other: _____

To be released to:

411 Pediatrics & After Hours Care
925 Westbank Drive, Suite 100
Austin, TX 78746
Ph: (512) 327-0411
Fax: (512) 327-5437

Parent or Guardian Signature

Date