



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 or patient's parent 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:

\_\_\_\_\_

*to release information from the medical records of:*

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Entire Medical Records

Other: \_\_\_\_\_

*to be released to:*

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

\_\_\_\_\_  
Patient or Parent Signature

\_\_\_\_\_  
Date