



PENN PEDIATRICS LLC
RECORDS RELEASE AUTHORIZATION

TO

DOCTOR OR HOSPITAL

ADDRESS

I hereby authorize and request you to release to:

Penn Pediatrics LLC
260 SW Natura Ave, STE 102, Deerfield Beach, FL 33441
(954)-505-8524

Name: _____

Date of
Birth: _____

Date of Service:

All Dates of Service

From D.O.S. _____ through D.O.S. _____

Type of Records:

All Records

Vaccine Records

Consultation Reports

ER/Discharge Summary

Lab/ Pathology Reports

Radiology/Diagnostics

History and Physical

Signature: _____ Date: _____

(Parent/Guardian if under 18 years of age)

