



Wildflower Pediatrics, PA
11609 Anderson Mill Road
Austin, Texas 78750

MEDICAL RELEASE AUTHORIZATION FORM

Courtney Dudley, MD

By signing this form, I authorize Wildflower Pediatrics, P.A. to obtain a copy of this specific health information described:

- | | |
|---|--|
| <input type="checkbox"/> Immunization records | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Growth Charts | <input type="checkbox"/> X-Ray / Radiology Reports |
| <input type="checkbox"/> Problem List | <input type="checkbox"/> Well Checks |
| <input type="checkbox"/> Entire Chart | <input type="checkbox"/> Sick Visits |
| <input type="checkbox"/> Other: _____ | |

Patient Name: _____ DOB: _____

Obtain Records From:

Practice or Provider Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Please send records to:

Wildflower Pediatrics, PA
11609 Anderson Mill Road
Austin, Tx 78750
512-900-6055
512-900-6056 Fax

Parent Name: (please print) _____

Parent Signature: _____

Date: _____