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

MEDICAL RELEASE AUTHORIZATION FORM

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

[ ] Immunization records
[ ] Growth Charts
[ ] Problem List
[ ] Entire Chart
[ ] Other: _____

[ ] Lab Results
[ ] X-Ray / Radiology Reports
[ ] Well Checks
[ ] Sick Visits

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: _____