

Kiddie Health Pediatrics, LLC  
Rossville Professional Center  
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"dedicated to your kids' health"

Melanie M. Garcia, M.D., F.A.A.P.  
Board Certified Pediatrician

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**MEDICAL RECORDS REQUEST**

Release From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Entire Medical Record: \_\_\_\_\_ Immunization Records: \_\_\_\_\_

Inpatient Records: \_\_\_\_\_ Dates: \_\_\_\_\_ To: \_\_\_\_\_

Outpatient Records: \_\_\_\_\_ Dates: \_\_\_\_\_ To: \_\_\_\_\_

I hereby authorize the release of a copy of my medical records to Kiddie Health Pediatrics, LLC.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

