



www.fairwaypediatrician.com
Fairway Pediatrics
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Carrollton, TX 75010
Tel: (972) 492-8880
Fax: (972) 492-8818

Authorization for Medical Records Release FROM Fairway Pediatrics

Patient Name: _____ **Date of Birth:** _____

Patient Name: _____ **Date of Birth:** _____

I hereby authorize:

Fairway Pediatrics
*4100 Fairway Drive, Suite 300
Carrollton, TX 75010
Phone: (972) 492-8880
Fax: (972) 492-8818*

To release patient's medical records regarding:

- Growth Charts**
- Immunization Records**
- Complete Medical Records**
- Other:** _____

To:

Name of Provider/Facility: _____

Address: _____

Phone: _____ **Fax:** _____

Name of Parent/Guardian

Relationship to Patient

Signature

Date

Office use:
Fax: _____ Mail: _____ Pick up: _____ Complete Date: _____