



Del Valle Pediatrics

Emilio Del Valle, M.D., F.A.A.P., P.A.
The Diamond Centre Court
6150 Diamond Centre Ct., Bldg. #1200
Fort Myers, FL 33912
(239) 277-7666 - Fax (239) 277-1064
www.DelVallePediatrics.net

REQUEST FOR RELEASE OF MEDICAL INFORMATION

Date: _____

TO: _____

FAX Number: _____

I hereby authorize you to release medical records on:

Patient's Name: _____

Date of Birth: _____ Sex: M / F

Address: _____

Information Needed:

- All Records
- Hospital Stay
- Hospital Discharge Summary
- Immunization Only
- Laboratory / X-Ray
- Operative Report
- Pathology Report
- Sexually Transmitted Disease / HIV
- Psychiatric History

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please FAX or Mail Information Requested