San Antonio A thru Z Pediatrics, P.A.
1314 E. Sonterra Blvd., Ste. 5102, San Antonio, TX
210-490-8888; 210-496-6865 (fax)

7922 Ewing Halsell, Ste. 360, San Antonio, TX
210-614-7500; 210-614-7540 (fax)

Web: www.a-zpeds.com

AUTHORIZATION TO OBTAIN MEDICAL RECORDS
Please Print

I hereby authorize the following physician's office to release medical information on the patient listed below

Previous Physician:	
Phone:	Fax:

Patient Name:	
DOB:	Social Security #:

TO: San Antonio A thru Z Pediatrics, P.A.

1314 E. Sonterra Blvd, Ste. 5102
San Antonio, TX 78258
210-490-8888
210-496-6865 (fax)

7922 Ewing Halsell, Ste. 360
San Antonio, TX 78229
210-614-7500
210-614-7540 (fax)

Check Information to be Sent: (please check all that apply)

☐	All Below
☐	Treatment & Prognosis of any physical or mental condition
☐	Psychiatric history or treatment
☐	Drug or alcohol abuse history or treatment
☐	Infectious or contagious disease information, including HIV/AIDS
☐	Living Will
☐	Durable Power of Attorney for healthcare
☐	Immunization Records

I agree that copies of this authorization may be used in place of the original. I also understand that this consent shall automatically expire ninety (90) days from the date set forth below.

Signed this _____ day of _____, _____

_____
Signature of Parent or Guardian