4499 Medical Dr. Ste. 280
San Antonio, TX 78229
210-614-4499
Fax 210-614-4532

502 Madison Oak Ste.340
San Antonio, TX 78258
210-495-5552
Fax 210-495-0755

Medical Records Request

Child's name and date of birth:
Name and address of parent:

Retrieve records from another doctor or provider:

Send my child's records to Night and Day Pediatrics:	Check one: All Records Last year Immunizations only	Doctor or Name of practice:	Phone: Fax:	Address:

Send records to another doctor or provider:

I give Night and Day Pediatrics permission to send my child's records to:	Check one: All Records Last year Immunizations only	Doctor or Name of practice:	Phone: Fax:	Address:

Signature:_____