

J C REYES PEDIATRICS, SC
Joselito Reyes, M.D.
Ligia Grindeanu, M.D.
6649 W Archer Avenue, Suite 400
Chicago, Illinois 60638-2417
Office (773)229-2373



Please mail records to our office

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

I hereby consent and authorize **J C Reyes Pediatrics** to Request / Release copies of My Child's Medical Records.

Patient Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____

- Request From
 Release To

Individual or Organization Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____

Please select all the specific documents that apply to your request:

Clinic Notes	Radiology Reports	Nurses Notes
Progress Notes	Lab Reports	Operative Reports
History & Physical	Pathology Reports	Urgent Care
Emergency Room	Doctor Consults	EKG, EEG, EMG
Physician Orders	Discharge Summary	Immunization Reports

Other: _____

Parent/ Guardian Name: _____

Parent/ Gardian Signature: _____ Date: _____