



2410 Alft Lane, Suite 100, Elgin, IL 60124
Office/Billing Phone (847) 531-4883
Fax: (847) 478-3229

Authorization for Release of Healthcare Information

Patient Name: _____ Date Of Birth: _____
Address: _____
City/State/Zip: _____ Phone Number: _____

I request and authorize Thrive Pediatrics: 2410 Alft Lane, Suite 100 Elgin, IL 60124 to release/obtain medical records for the purpose of continuity of care:

to the following medical office:
 from the following medical office:

Medical Office Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____

This request and authorization applies to:

All Healthcare Information and Immunizations Immunizations Only
 Specific Healthcare Information

This authorization is valid for 90 days from the date of signature unless cancelled by written notice by the patient or legal guardian.

Signature of Patient or Legal Guardian

Date

Signature of Office Staff

Date