Ponderosa Pediatrics

Where Kids Come First

James M. Mick, MD ♦ Matthew Hinton, MD ♦
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Release of Medical Records from Ponderosa Pediatrics, PLC

I, the undersigned, give Ponderosa Pediatrics, PLC permission to copy and send records for:

_____

Patient & Date of Birth

Parent Name: _____

Address: _____

City, State & Zip _____ Phone # _____

Records Requested: ☐ Immunization Only ☐ All Records

Send Records to:

_____

_____

_____ _____

Parent / Guardian / Legal Representative Signature Date

□ □ □ □ □ □ □ □ □ □ □ □ □

Records Prepared By _____

Signature _____ Date Sent: _____

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