

PREMIER PEDIATRIC GROUP INC.
Bradley Jackson M.D.
Thomas Roesch M.D.

5386 Cox-Smith Rd. Suite A, Mason, OH 45040
Phone: 513-770-3466 Fax: 513-770-3467

REQUEST FOR MEDICAL RECORDS

AS LEGAL GUARDIAN, I _____, ON BEHALF
OF MY CHILD (REN):

	NAME	DOB
1		
2		
3		
4		
5		

ADDRESS: _____

CITY: _____ STATE/ZIP _____

PHONE: _____ / FAX _____

GIVE PERMISSION TO:

TO SEND A COPY OF THE ENTIRE MEDICAL RECORD (INCLUDING PROGRESS NOTES, LAB/X-RAY RESULTS, IMMUNIZATION RECORDS, AND PROFESSIONAL CORRESPONDENCE TO:

**PREMIER PEDIATRIC GROUP INC.
5386 COX-SMITH RD SUITE A
MASON, OH 45040**

SIGNATURE OF LEGAL GUARDIAN:

DATE: _____