

Northeast Office:
10755 Kenworthy Street
El Paso, Texas 79924



Eastside Office:
3660 Joe Battle Blvd., Ste. 8
El Paso, Texas 79938

Phone 915-821-5900 • Fax 915-821-5902

MEDICAL RECORDS RELEASE AUTHORIZATION

Patient Information (Please Print):

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Please release my medical records from:

Name of Office or Doctor: _____

Tel: _____ Fax: _____

Medical Records MUST be mailed or faxed

TO

Northeast Cornerstone Pediatrics, PA
10755 Kenworthy Street
El Paso, TX 79924
Fax: 915-821-5902

Please send medical records no later than: _____

Release a copy of **ALL** my medical records, including but not limited to, progress notes, operative notes, laboratory results and diagnostic tests.

By my signature I authorize the Release of All Medical Records.

Authorized Signature for child: _____ Date: _____