

Release of Records to  
Pediatric Associates of Avon

I, \_\_\_\_\_ the parent/guardian of the child/children listed below request all of the medical records for the child/children be forwarded to Pediatric Associates of Avon.

**To: Pediatric Associates of Avon**  
**1115 Ronald Reagan Parkway**  
**Suite 136**  
**Avon, In. 46123**  
**Phone 317-217-2900**  
**Fax 317-217-2909**

**From:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

Child's Name

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Select the accepting pediatrician:

Dr. Jason Cosgrove \_\_\_\_\_

Dr. Eve Gill \_\_\_\_\_

Dr. Jessica Lopez \_\_\_\_\_

Dr. James Shmalo \_\_\_\_\_