



Mundelein Pediatrics, S. C.
Pediatrics - Adolescents
1170 E. Belvidere Road • Suite #106
Grayslake, IL 60030

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RECORDS RELEASE

(to our office)

Date _____

Dear Doctor

I hereby authorize you to release the Medical Records of my child (children) for the period of

_____ to:

Mundelein Pediatrics, S.C.

1170 E. Belvidere Rd. Suite 106

Grayslake, Illinois 60030

Ph: 847-548-7337 Fax: 847-548-9909

Children's Names:

Birthdate:

Signature: _____

(parent or legal guardian)