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

Jennifer Devaney, M.D.
Karin Kallwitz, M.D.
Kathy Seskiewicz, M.D.
Diana Trew, M.D.
Heidi Kramer, M.D.
Michael Slavik, D.O.
Jeremy Messinger, A.P.N., P.N.P.
Maral Mjukian, A.P.N., P.N.P.

Medical Records Release

(to our office)

Date: _____

Dear Doctor: _____

_____

_____

By signing this authorization, **I hereby authorize you to release the Medical Records of my child(ren) for the period of:** _____ **to the party listed below.**

Please send Medical Records to:

Mundelein Pediatrics, S.C.
1170 E. Belvidere Rd., Suite 106
Grayslake, IL 60030
Ph: 847-548-7337 Fax: 847-548-9909

Please print Children's Names:	**Date of Birth (DOB):**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____**Immunizations and Growth Records Only** _____**Full Records** _____**Mental Health**

_____**Drug/ Alcohol Treatment** _____ **Please exclude:** _____

_____ _____
Signature of Patient, Parent or Legal Guardian **Date**

_____ _____
Print Name of Patient, Parent or Legal Guardian **Phone Number**