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Today's Date: \_\_\_\_\_

To Whom It May Concern:

I am requesting a copy of my child's medical record for when he/she was seen at your facility on or around \_\_\_\_\_ to be mailed or faxed to my child's pediatrician. My child's name is \_\_\_\_\_,

Date of Birth \_\_\_\_\_.

If you have any questions, you may contact their office. Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Parent/Guardian signature (for child under 18 years)

\_\_\_\_\_  
Printed Name