

REQUEST FOR MEDICAL RECORDS

I, _____, request that the medical records of my child,
_____ DOB _____, be faxed to my pediatrician(s):

Drs Stephanie Baker

Satish Charo

Carissa Lee Holmes

Pediatric Solutions, SC

Fax: 847-670-4540

Please include _____ Immunization records

_____ HM visit notes

_____ Sick visit notes

_____ Growth Charts

_____ Other: _____

Thank you so much. Your timely attention to this request is much appreciated.