



Westlake
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Austin, TX 78746
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Lakeway
2501 RR 620 S Ste.220
Lakeway, TX 78734
Phone: 512.328.BUZZ

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize the following information to be released from the medical records of:

Patient Name _____ Date of Birth _____
Patient Name _____ Date of Birth _____
Patient Name _____ Date of Birth _____
Patient Name _____ Date of Birth _____

Please release medical records TO / FROM (please include the following information):

Business/Name _____
Address _____
City _____ State _____ Zip Code _____
Phone # (____) _____

Reason for requesting medical records _____

Please check information to be released:

____ Immunization record
____ Entire medical record
____ Other: _____

There is a \$25.00 fee that applies per patient if you are requesting/transferring medical records from Bee Caves Pediatrics.

Signature of Patient or Legal Guardian

Date