

**RECORDS RELEASE**

**I HEREBY AUTHORIZE AND REQUEST**

\_\_\_\_\_  
\_\_\_\_\_

**TO RELEASE THE MEDICAL RECORDS IN THEIR  
POSSESSION, CONCERNING THE ILLNESS**

**AND/OR TREATMENT OF** \_\_\_\_\_

\_\_\_\_\_  
**PATIENT'S NAME AND BIRTHDATE**

**TO:**

**DU PAGE PEDIATRICS, LTD.  
1306 PLAINFIELD ROAD  
DARIEN, IL 60561**

**SIGNATURE OF LEGAL  
GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_