

## DUPAGE PEDIATRICS, LTD.

NAZNEEN ATHER, D.O.  
CHRISTOPHER J. BENDER, M.D.  
HUNTER EASON, M.D.  
JENNIFER L. HALL, M.D.  
DEEPA M. JOSEPH, M.D.  
ANITA KEWALRAMANI, M.D.  
STEPHANIE H. SAGE, D.O.

### BIRTH RECORDS RELEASE

Re: Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_

Please release ALL birth records including maternal blood type, maternal serologies, newborn labs, complete discharge summary, hearing screen results and newborn screening record, including laboratory test results for my child: Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_, date of birth: \_\_\_\_\_ to DuPage Pediatrics, Ltd.

The fax number is 630-810-0937.

Thank You,

Parent's Signature: \_\_\_\_\_