

# DUPAGE PEDIATRICS, LTD

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## BIRTH RECORDS

Patient's Name \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_

Please release ALL birth records including labs, tests and hearing screen results for my child,  
\_\_\_\_\_, along with discharge summary to DuPage

Pediatrics, Ltd.

The fax number is 630-810-0937.

Thank You,

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

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