



502 Madison Oak Suite # 245  
San Antonio, TX 78258  
Phone (210) 404-2532  
Fax (210) 404-2539

## RELEASE FORM

Be sure to download and save this document to your computer. This form can be filled out on your computer and emailed to alphaped1@gmail.com or print the form out and bring it to the office filled out. Thank You!

### RELEASE FORM:

To: .....

Phone: .....

Address: .....

Fax: .....

I ..... request that a copy of

Complete records

Labs / X-rays

Immunization record

Other

For the following patient

Name: ..... DOB .....

Be released to Alpha Pediatrics to the following address

Alpha Pediatrics. P.A.  
502 Madison Oak Dr. Suite # 245  
San Antonio, TX 78258

Sign: ..... Date: .....