



Yuma Kids Clinic

Yuma Kids Clinic

2851 S Ave B
Suite 2951
Yuma, AZ 85364

Phone: (928) 783-1222
(928) 783-1333
Fax: (928) 783-1444

Medical Records Release

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Reason for Release: Transfer Personal

If a transfer, please indicate the reason for the transfer and the last date seen:

Information Requested:

— *Immunization Records*

— *All Medical Records* From: _____ To: _____

— *All Dates of Service*

— *Lab Reports*

Yuma Kids Clinic will send records to:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Yuma Kids Clinic will receive records from:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

If mailing please use the address below. Thank you

Yuma Kids Clinic
2851 S. Ave B Ste#2951
Yuma, AZ 85364

I, the undersigned, consent to release the information and will adhere to the policies set fourth.

Parent/Guardian

Signature: _____ Date: _____

Policy: If the signee above requests patient medical records for personal (meaning not physician to physician) there will be a charge of \$15.00 that is to be paid at the time of request.