



Dr. K's Kids Pediatrics
1670 Keller Parkway, Suite 170
Keller, TX 76248
Phone: (817)741-4144
Fax: (817)741-4154

Date of Request: _____

Name of Doctor or Clinic to Release Records:

**Is This Doctor/Clinic part of Cook Children's Physician Network?: YES NO

Name of Parent or Legal Guardian: _____

Patient Name and Date of Birth: _____

Request Records to be Forwarded to:
Shari Kushwaha, M.D.
1670 Keller Parkway, Suite 170
Keller, TX 76248
FAX: (817)741-4154

Mail _____ Fax _____ Verbally _____

Records to Transfer:

_____ All Records: including shot records and growth charts
_____ Shot Records & Growth Charts _____ Consultation
_____ Hospital Records: _____ Discharge Records: _____
Date Date

- I understand that I may revoke this authorization at any time by notifying the office in writing. I understand this authorization expires 180 days from the date signed.
- I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws/regulations.
- I understand that photocopy or facsimile of this authorization is as valid as the original.

Signature of Parent/Legal Guardian

Date

Witness

Date

Office Use: Date Sent: _____

Date Received: _____ Date Received: _____