Peninsula Pediatrics

13131 66th St N, Largo, FL 33773
P (727) 228-7000 | F (727) 223-3614
PeninsulaPediatricsFL.com

Request to Release Medical Records

DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____

I authorize and request that _____ to release my
(doctor, practice or hospital name)

child/children's medical records, including psychiatric records, to:

Peninsula Pediatrics of West Florida, PLLC
Steven M Moore, MD
13131 66th Street North
Largo, Florida 33773-1812
Fax: 727-223-3614
Phone: 727-228-7000

_____ _____
Parent or Legal Guardian Signature Date