

DUPAGE PEDIATRICS, LTD.

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BIRTH RECORDS RELEASE

Re: Patient's Last Name: _____ Patient's First Name: _____

Please release ALL birth records including maternal blood type, maternal serologies, newborn labs, complete discharge summary, hearing screen results and newborn screening record, including laboratory test results for my child: Last Name: _____, First Name: _____, date of birth: _____ to DuPage Pediatrics, Ltd.

The fax number is 630-810-0937.

Thank You,

Parent's Signature: _____