



## Advance Pediatrics PLLC

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(PH) 623-328-8664 (FAX) 623-328-9432

### REQUEST FOR MEDICAL RECORDS RELEASED TO ADVANCE PEDIATRICS PLLC

I hereby authorize:

\_\_\_\_\_  
Physician or Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

To release all checked patient pertinent medical records for the following Patient.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Evaluations.   | <input type="checkbox"/> Growth Charts.    |
| <input type="checkbox"/> Immunizations. | <input type="checkbox"/> Radiology Results |
| <input type="checkbox"/> Lab Results.   | <input type="checkbox"/> Consult Notes.    |

I understand this may include information relating to STI (Sexually Transmitted Infections) including AIDS, HIV Infection, Psychiatric Care, and/or treatment for substance abuse including alcohol and or drug addiction.

Please send/fax medical records to: **Advance Pediatrics, PLLC**  
9836 W Yearling Road Ste # F-1300  
Peoria, AZ 85383.  
Fax - 623-328-9432

**Advance Pediatrics, PLLC**  
8232 W Cactus Rd. Ste #124  
Peoria, AZ 85381  
Fax - 623-328-9432

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Office Staff Initials & Date