



busybeepediatrics®

520 east medical drive • #301 • bountiful • utah • 84010 • www.busybeepediatrics.com

Records Release Authorization

To:

(Doctor or Medical Facility)

(Address)

I hereby authorize and request you to release the complete medical history in your possession concerning:

Patient Name _____

Birth date _____

Specific Record Information (Date, if applies) _____

To:

Busy Bee Pediatrics

520 East Medical Drive, #320

Bountiful, Utah 84010

801-292-1464 ph 801-292-1465fx

Signature _____ Date _____

(Patient or Patient Representative)

(Relationship to Patient)

