

DATE: _____

DOCTOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PLEASE RELEASE LAST WELL VISIT, GROWTH CHART AND IMMUNIZATION RECORD TO:



2000 REGENCY COURT SUITE 103 TOLEDO OHIO 43623

P: 419-475-5433

F: 419-475-4770

CHILD: _____ DOB: _____

CHILD: _____ DOB: _____

CHILD: _____ DOB: _____

CHILD: _____ DOB: _____

GUARDIAN
SIGNATURE _____ PHONE# _____