

13643 S. Mur-Len Rd.
Olathe, KS 66062
913-764-7060
Business Office 913-764-3016



Amy L. Voelker, M.D., FAAP
Allison S. Hettinger, M.D., FAAP
Shawna C. Patch, M.D., FAAP
Connor Hosty, M.D., FAAP

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

Patient Name(s): _____ Date of Birth: _____ Phone: _____

I Authorize: (Physician Name and Clinic)

Release to Sunshine Pediatrics:

13643 S. Mur-Len Rd.
Olathe, KS 66062
913-764-7060
Business Office 913-764-3016

Reason for Release of Records:

- Change of Insurance Moving out of Area
 Transfer of Care Personal

I would like the following records:

- Immunization Record
 Basic Medical Record (shot records, problem sheet, and growth chart)
 Entire Chart**
 Other: _____

By signing this release of information, I fully realize that this action releases said physician from liability for any breach of confidentiality of medical information. This release is effective for 90 days from the date on which it was signed.

Signature of Patient, Parent, or Guardian: _____ Date _____

Relationship to Patient: _____