

**El Camino Pediatrics: Request for Medical Records**

Medical Request Form for Previous Records

**From:** Another Facility

**To:** El Camino Pediatrics

**Fill out and mail to your child's previous doctor**

**\*Important:** Original signatures are required, so faxed copies will not suffice.

EL CAMINO PEDIATRICS  
477 N. El Camino Real, Suite B105  
Encinitas, CA 92024  
phone: 760-753-7143  
fax: 760-753-2155

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_

\_\_\_\_\_  
Street Address

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

Please forward copies of medical records including all reports and correspondence on the patients named below to El Camino Pediatrics at the above address.

Patient Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you.

\_\_\_\_\_  
Signature of Parent or Guardian