



Hummingbird Pediatrics Request for Medical Records

2306 N Alexander Dr, Baytown, TX, 77520

Phone-281-628-7442 Fax-281-837-7156

*** Please mail or fax to address or number above ***

Today's date: _____

Patient Name: _____

D.O.B: ____ / ____ / _____

Parent Name _____

Address: _____

City: _____ TX Zip _____

Cell #: _____

I, _____ hereby request to obtain / release medical information from

Name of Clinic or Doctor _____

Address _____

Office number # _____ Fax number # _____

Please mail or fax all the medical records due to patients/parents request for PCP Change

Signature _____ Date _____