



3903 Wiseman Blvd. Suite 302
San Antonio, TX 78251
Yvonne Miranda, MD

RELEASE OF IMMUNIZATION RECORD/ INFORMATION

To: _____

(Name of school or daycare)

Phone Number: _____ Fax Number: _____

I, _____, parent or guardian of
(parent or guardian of child)

son/daughter _____,
date of birth _____, authorize the release of
a copy of my child's immunization records and the release of immunization
information to Pedi Place @ Westover Hills.

Comments: _____

Signature of Parent or Guardian

Date

Ph: (210) 680-7334 Fax: (210) 680-7337
3903 Wiseman Blvd. Ste. 302
San Antonio, TX 78251