Jeremy Shapiro, MD, FAAP
Jena Liddy, MD, FAAP
Katrin Lalezarzadeh, DO, FAAP
Helen Mitchell, MD

16550 Ventura Blvd Ste 414
Encino, CA 91436
Phone (818) 783-3110
Fax (818) 783-3115

RECORD REQUEST

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

I authorize the release of my Medical Records to Dr. _____.
Please transfer the immunization records, growth chart, and last physical of my children listed below to Boulevard Pediatrics. You may mail them to 16550 Ventura Blvd Ste #414, Encino, CA 91436 or fax to (818) 783-3115.

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Parent/Guardian: _____

Signature: _____

Date: _____