

Pediatric Endocrine Associates
3001 W. Dr. MLK Jr. Blvd.
Tampa, FL 33607
phone (813)554-8420/ fax (813)554-8377
pdendotpa@gmail.com

To: _____

Re: _____ DOB: _____

I hereby authorize the office of Pediatric Endocrine Associates to receive/send records on my child/myself. Please release all the records that are requested:

- Office Note
- Laboratory Studies
- Radiology Studies
- Growth Chart
- Heights and weights (if not on growth chart)

Please send records to:

Dr. Tsu-Hui Lin
Dr. Terry DeClue
Dr. Anne Lenz
Dr. Grace C. Dougan
3001 W. Dr. MLK Jr. Blvd, Tampa, FL 33607
Fax (813) 554-8377
pdendotpa@gmail.com

Thank you for your attention to this matter, your assistance is greatly appreciated.

Signature of parent/legal guardian

Date

Relationship