Darrell L. Troast, D.O.
Martin J. McKenna, M.D.
Jose V. Padilla-Lopez, M.D.
Thomas L. Seitz, M.D.
Wilfred K. Lee, M.D.
Teresa F. Stevens, M.D.

Marcia E. Antiqua-Lee, M.D.
Susan E. Mann-Sweeney, M.D.
Vincent S. Munizza, PA-C
Terry L. Warren, PA-C
Elizabeth Scanlon, ARNP

www. IslandCoastPeds.com

Request To Obtain Medical Records

FROM:_____
Physician/Facility's Name

_____
Address

_____
City/State/Zip

_____
Physician's Phone Number or Fax Number

I, _____, hereby request the following medical records
Parent/Guardian's Name

Immunizations_____ Problem List_____ Growth Chart_____

For: _____ _____ of _____
Child's Name Date of Birth Current Address

_____ _____ Reason for Release_____
City/State/Zip Current Phone #

Send Records To:
Island Coast Pediatrics
Central Business Office
12550 Professional Park Dr., Suite 11
Fort Myers, FL 33913
Phone: (239) 768-2111 Fax: (239) 482-4404

Parent/Guardian Signature:_____ Date: _____

Witnessed By: _____Records Received on:_____

Request sent to CBO for Scanning by:_____

Request Faxed to previous physician by:_____

Revised 11/8/11