



Delaware Pediatrics, LLP

"making it all better"

I authorize Delaware Pediatrics to fax the following documents:

NYS Health Appraisal Form _____ Immunization Record _____ Daycare Form _____

Other (Please Specify): _____

Patients Name: _____

D.O.B: ____/____/____

Organization/Individual to Fax Information to:

Attention: _____

Fax Number: () _____

Relationship to Patient: _____

Phone Number: () _____

Signature: _____

Date: ____/____/____