



Dhanwanti Sant, MD  
Pediatrician

Adrienne Shesky, NP  
Nurse Practitioner

1335 Dublin Rd.  
Suite 114E  
Columbus, OH 43215  
(P) 614-298-KIDS  
(F) 614-299-2467

(E) [info@wholekidspediatrics.com](mailto:info@wholekidspediatrics.com)

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

Please send a copy of my child's medical records to:

WholeKids Pediatrics  
FAX 614-299-2467  
(or by mail to above address)

Name of Patient(s)/DOB:

\_\_\_\_\_  
\_\_\_\_\_

Name of Person Requesting Records / Relationship to Patient(s):

\_\_\_\_\_

I attest that I have a legal right to these medical records as either the patient or the legal guardian/parent.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_