

PRESTON CENTRE PEDIATRICS

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Diplomates of the American Board of Pediatrics

Child's Name

DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please send a copy of the medical records of those named above to:

Preston Centre Pediatrics
Attn - Stacy
8222 Douglas Ave, Ste 500
Dallas, TX 75225

- Immunizations (Please fax ASAP to (972) 860-3162)
 Whole Chart (Please DO NOT fax more than 15 pages)

Parent Signature

Date