



Dear Parent,

Thank you for choosing League City Pediatrics as your child's medical home!

We strive to provide the most comprehensive, evidence-based, family-centered care possible for your child. We adhere to the highest standards set for both preventative and acute care by the American Academy of Pediatrics. We strive to provide easy access to the practice and that our approach to your child's care coordinates many different aspects that contribute to a positive healthcare experience.

Central to the success of this care is that we work together as a team. Please call our office before you decide to go to Urgent Care or Emergency Department for non-life-threatening health issues and notify the office immediately in the event that your child received any care outside the practice. This enables us to follow up with you and make necessary updates to the medical record.

Please note that League City Pediatrics is dedicated to the health and safety of all our patients. We believe that all children should receive the recommended vaccines according to the guidelines provided by the American Academy of Pediatrics and the CDC. Vaccines are safe and effective in warding off infections and preventing diseases/health complications in children and young adults.

For your convenience, the office hours are: Monday – Saturday from 9:00am to 6:00pm.

Expecting mothers and fathers are welcome to come for a visit to our office to meet and talk with our providers to ensure the very best care for your upcoming bundle of joy! After delivery and before leaving the hospital, please contact our office for your newborns follow up visit, usually within 1-2 days of your discharge home.

To enable you to get in and out of the office without delays, please fill out any paperwork necessary before the visit. If you are unable to do so, please arrive at least 15 minutes before your visit to complete your forms in time for your appointment.

Before your first visit, please bring a copy of all previous Medical/Immunization records. If you could also complete the Authorization for Release of Medical Information and submit this to your child's previous doctor or clinic, so all previous medical records can be transferred to us.

We are glad to have you join us at League City Pediatrics!



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name _____ Date of Birth _____

The above named person must indicate when this authorization is to expire:

- | | |
|---|---|
| <input type="checkbox"/> When information is received | <input type="checkbox"/> In one year |
| <input type="checkbox"/> In six months | <input type="checkbox"/> In three years |
| <input type="checkbox"/> On date _____ | |

List where you want your current medical records to be **SENT FROM:**

The person named above authorizes information to be released by representatives of:

Name of Person, Provider, or Facility _____
Address _____
Phone _____
Fax _____

The person named above hereby authorizes _____ to
Name of Person, Provider, or Facility

- | | |
|--|--|
| <input type="checkbox"/> Request health information from | <input checked="" type="checkbox"/> Send health information to |
| <input type="checkbox"/> Discuss health information with | <input type="checkbox"/> Discuss health information with |

List where your current medical records are to be **SENT TO:**

Name Of Person, Provider, Or Facility League City Pediatrics
Address 3831 E. League City Pkwy, Suite A
League City, TX 77573
Phone 281-581-7008
Fax 281-957-9476

Scope

- All information regarding assessment, diagnosis, and treatment of patient's condition, concern, or disease (specify): _____
- All information regarding care received by patient between the dates of _____ Starting Date and _____ Ending Date
- Other information (specify): _____

Authorization

Printed name of Patient or Authorized Representative

Signature of Patient
or Authorized Representative

Date

Signature of witness

Date