

DATE: _____

To Whom It May Concern:

Please forward all medical records of the person/persons listed below to:

**Peak Pediatrics, LLC.
Barbara Gablehouse, M.D.
3555 Lutheran Parkway, Suite 340
Wheat Ridge, CO 80033
Phone: (303) 996-6005
Fax: (303) 420-8831**

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

SIGNATURE OF PARENT OR GUARDIAN

PRACTICE NAME

PRINTED NAME OF PARENT OR GUARDIAN

FAX & PHONE #

Please DO NOT send: Any records from The Children's Hospital Colorado or from the EPIC System. We already have access to them, thank you!