



North Austin Pediatrics, P.A.

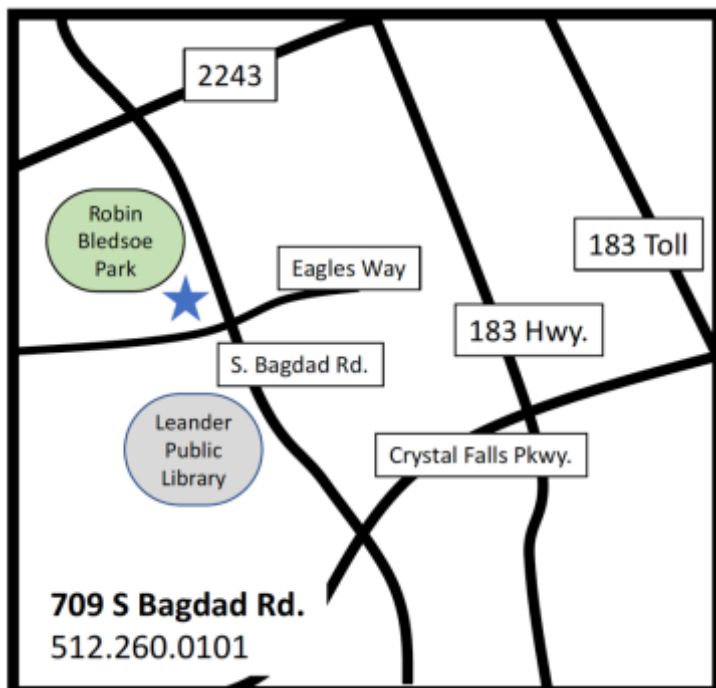
New Leander Location

We look forward to being partners in your child's health

North Austin Pediatrics, P.A. has been providing care in the North Austin and Cedar Park communities for over 20 years. Its lead provider, Leighton Ellis, M.D., and team of highly-qualified pediatricians look forward to expanding our model of care to the Leander area. It is our intention to be partners with you in your child's wellness. A health-promoting partnership in which our providers take the time to understand and administer to your child's needs and ensure your family has the

tools and education necessary for a lifetime of health and wellbeing. This is a long-term partnership; we see children at all stages of their growth, from newborn to college-bound!

This December, we'll be opening our third office at 709 South Bagdad Road in Leander, TX (right next to the Robin Bledsoe Park). We look forward to meeting you all and working together for a lifetime of wellness for your child.



Offices



North Austin Office:
12201 Renfert Way, Ste. 110
Austin, TX 78758
P: 512.491.5125
F: 888.833.7248

Cedar Park Office:
1401 Medical Parkway,
Bldg. B, Ste. 100
Cedar Park, TX 78613
P: 512.259.0900
F: 855.777.1552

Leander Office:
709 South Bagdad Rd.
Leander, TX 78641



*We are not at this time
taking any Medicaid or
CHIP patients*

*We apologize for the
inconvenience*

We welcome Dr. Lori Warzecki to our team!



NORTH AUSTIN PEDIATRICS, P.A.

Leighton E. Ellis, M.D. **Erica C. Sharp, M.D.**
Christine Lam, D.O. **Rebekah Sperling, M.D.**
Kristen Pickering, M.D. **Laura Chesley, M.D.**
Chelsea Johnson, M.D. **Lori Ann Warzecki, D.O.**

12201 Renfert Way, Ste. 110
Austin, TX 78758
Phone: (512) 491-5125
Fax: 888-833-7248
After Hours: (512) 660-5396

1401-B Medical Parkway, Ste. 100
Cedar Park, TX 78613
Phone: (512) 259-0900
Fax: 855-727-1552
After Hours: (512) 660-5396

Medical Release of Information Form

By signing this form, I authorize **North Austin Pediatrics, P.A.** to obtain a copy of the specific health information described:

- immunization records growth chart problem list lab results
- x-ray reports consults _____
- entire chart other: _____

Name of Patient: _____ Date of Birth: _____

Name of Patient: _____ Date of Birth: _____

Name of Patient: _____ Date of Birth: _____

Obtain records from: _____

Address: _____

Phone: _____ Fax: _____

Please send records to: **Attention: Leander Office**
1401 Medical Parkway, Bldg. B, Suite 100
Cedar Park, TX 78613
Fax 855-727-1552

Unless otherwise revoked, this authorization will expire six months from the date signed. I understand that authorizing the disclosure of this health information is voluntary.

Signed By: _____ Date: _____

Relationship to Patient: _____