

REQUEST FOR RELEASE OF MEDICAL RECORDS

TO: _____
Physician Name (Print)

Address

City State Zip

FORWARD RECORDS TO:

Valley Pediatric Associates, P. A.
201 East Franklin Turnpike
HoHoKus, NJ 07423
(201)652-1888

Parent's Signature Date

Child's Name Date of Birth

Child's Name Date of Birth

Child's Name Date of Birth

Child's Name Date of Birth