



A Partnership for Unparalleled Care

## Peds First Pediatrics

### Medical Record Release Form

Patient Authorization for Use and Disclosure of Protected Health Information

Date of Request: \_\_\_\_\_

Patient Name(s)	Date of Birth

Requested By: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

By signing this I authorize \_\_\_\_\_ to release the Medical Records (Protected Health Information) on the above named child(ren). This Protected Health Information is to be sent to:

**Peds First Pediatrics**  
**2799 Route 112, Suite 11**  
**Medford, NY 11763**  
**Ph: 631-732-5222 / Fax: 631-732-6222**

Patient/ Parent/ Legal Guardian Signature: \_\_\_\_\_

Check Below:

Check Medical Information You Want Sent:

_____ Immunization Records	_____ Imaging Reports
_____ Growth Chart	_____ Specialist Reports
_____ Hospital Discharge Summaries	_____ Laboratory Results
_____ Most Recent Well Visit Encounter Sheet	_____ Entire Chart

\*\*\*Please note that some practices may charge up to \$0.75 per page, and as such you may elect not to have your child's entire chart sent, and select only the other options. Specialist reports may often be obtained directly from specialist at no charge to you.