millburn pediatrics

Release of Medical Records - Authorization

Use this form to transfer records to **MILLBURN PEDIATRICS** from another practice

Physician Releasing Records

Name _____

Address _____

Phone Number _____ Fax Number _____

Releasing Records To

Millburn Pediatrics
159 Millburn Avenue
Millburn, NJ 07041

Phone 973.912.0155
Fax 973.912.8714

I authorize records to be released via fax/mail. Please provide the complete medical history in your possession during the period from _____ to _____, or entire history.

Patient(s) Name: _____ DOB: _____

Parent(s) Name: _____ DOB: _____

Address: _____

Signature _____ Date: _____