159 Millburn Avenue
Millburn NJ 07041
973.912.0155

Authorization of Release of Medical Records

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, Suite 1
Millburn, NJ 07041

Phone: 973.912.0155
Fax: 973.912.8714

I hereby authorize the medical records of patient(s)

Name: _____

DOB: _____

to be released via fax/mail to Millburn Pediatrics. Please provide the complete medical history in your possession accumulated during the period from _____ to _____.

Name: _____ Relation to Patient: _____

Address: _____

Signature: _____ Date: _____