

Advanced Pediatrics

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Patient Authorization for Release of Medical Records

This authorization permits _____ to disclose to Andrew Satran, MD, the following individually identifiable health information for my child/ children:

Child DOB

Child DOB

Child DOB

Child DOB

- Growth Charts
- Immunization Records
- Food/ Medication Allergies
- History of Hospitalizations
- Significant Progress Notes pertaining to any Chronic Medical Problem
- Significant Lab and X-ray reports
- Correspondence from Specialists

Signature of Patient or Legal Guardian

Relationship to Patient

Print Name of Patient or Legal Guardian

Date