



Healthy Children Pediatrics
Authorization To Release Medical
Records

From:

Doctor's Name: _____

Address: _____

Phone: _____

Fax #: _____

To:

Health Children Pediatrics
1655 Straits Turnpike, Suite 3
Middlebury CT, 06762
Phone: (203)-527-4868 Fax: 230-527-5144

Please send ALL medical records of my children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

To the following doctors office:

Healthy Children Pediatrics
1655 Straits Turnpike, Suite 3, Middlebury CT, 06762

Parent/Guardian Signature

Date: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____



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