529 Highway 35
Red Bank, NJ 07701
Tel: 732-741-9800
Fax:732-758-6367

812 Poole Ave Ste. A
Hazlet, NJ 07730
Tel: 732-888-0010
Fax: 732-888-0012

www.middletownpediatrics.com

Records Release Authorization

I authorize and request the release of my child/children's medical records.

Child/Children's Name(s): ____

Child/Children's Date of Birth: ____

____
Signature of Parent

____
Signature of Patient (if over the age of 18)

There is a charge of $1.00 per page with a maximum of $20.00 per child and a maximum of $60.00 per family. You will only be billed when the record review is complete and ready to be mailed. Records cannot be released until payment is made. For the most efficient release process, please use a credit card.

TYPE OF CARD ____________________________________

Card # ____

Exp. Date _____________ Security No. _____________

____
Signature

Please select how you would like your records to be transferred:

□ I will pick up my records. Please call this number when ready: ____________________

□ Please, mail my records to the following address: (Additional shipping charges might apply).

____

____

____

Reason for transfer: (If due to insurance change, please indicate new plan).____________________

Thank you,
Middletown Pediatrics