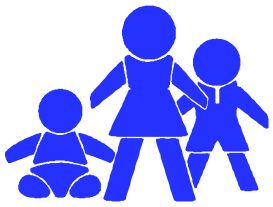
PEDIATRIC MEDICAL ASSOCIATES, P.C.

4824 East Baseline Road
Building 3, Suite 125
Mesa, Arizona 85206
480-839-4848 - Fax 480-833-8310



Louis Iorio, M.D., F.A.A.P.
Norman Saba, M.D., F.A.A.P.
William R. Seitter, M.D., F.A.A.P.
Carrie C. Goodrum, RN, BSN, MS, FNP-C
Jennifer Cleary, RN, BNS, MS, PNP-C

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: _____ _____
Patient's Name (Print) Date of Birth

_____ _____

_____ _____

_____ _____

_____ Chart #_____
Parents' Name

☐ Release records TO Pediatric Medical Associates, P.C. from:
☐ Release records FROM Pediatric Medical Associates, P.C. to:

_____
Doctor or Medical Center (Print)

_____
Address

_____

I authorize you to furnish a copy or summary of medical records on the above named child/children to the above named doctor/medical facility. I release you from all legal responsibility or liability that may derive from this authorization.

AREAS OF SPECIFIC INTEREST OR CONCERN

ALL _____ Illness/Hospitalization_____

Immunizations _____ Lab Studies/Consultations_____

Signed_____ Date_____
Parent/Legal Guardian