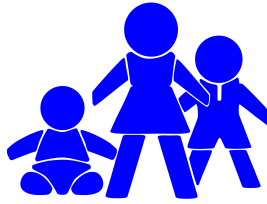


**PEDIATRIC MEDICAL ASSOCIATES, P.C.**

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.  
Rachael Greensides, RN, BSN, MS, FNP-C

***AUTHORIZATION FOR RELEASE OF INFORMATION***

RE: \_\_\_\_\_  
Patient's Name (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parents' Name \_\_\_\_\_ Chart # \_\_\_\_\_

\_\_\_\_ 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 named above child/children to the named above 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