7500 Hanover Parkway, Suite 203H
Greenbelt, MD 20770

Phone: 301-895-7337
Fax: 855-850-9065
Email: DrMelvil@EdgePediatrics.com

Patient Authorization to Request for records FROM another physician or healthcare provider.

To (previous physician/facility): _____

Address: _____

_____

Phone Number: _____ Fax Number: _____

I hereby authorize the release of the information requested below to Edge Pediatrics at the address above:

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

_____ Complete Medical Record
_____ Immunization Records
_____ Laboratory Reports
_____ X-ray/Scan Reports
_____ Hospital Records
_____ Hospital Discharge Summary

Thank You.

_____ _____
Signature Date

_____ _____
Witness Date