Farrington Pediatrics
1574 US 130, North Brunswick, NJ 08902
Phone: (732) 297-4100, Fax: (732) 422-7243
Email: info@farringtonpediatrics.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize the release of my child(ren)'s medical records as indicated below:

Patient Information:

Child 1 Name: _____ Date of Birth: _____

Child 2 Name: _____ Date of Birth: _____

Child 3 Name: _____ Date of Birth: _____

Child 4 Name: _____ Date of Birth: _____

Doctor's Office Releasing Medical Records:

Practice Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Records to Be Released To: Farrington Pediatrics

Records can be sent via:

☐ Physical Mail: 1574 US 130, North Brunswick, NJ 08902
☐ Fax: (732) 422-7243
☐ Email: info@farringtonpediatrics.com

I authorize the release of my child's medical records to Farrington Pediatrics.

Parent/Guardian Information:

Name: _____

Relationship to Patient: _____

Signature: _____ **Date:** _____