

Pediatric Associates of Medford, PC



101 Main St.
Suite 201
Medford, MA 02155
Phone: 781-396-1288
Fax: 781-391-1989

Donald P. DeLollis, M.D.
Jeanne S. Clifford, M.D.
Shari F. Lecker, M.D.

Madleine Khalil-Tadros, M.D.
Rita D. DeLollis, M.D.
Michelle Lock, M.D.
Angelica Espinosa-Louissaint, M.D.

Medical Release Form

Date: _____

Please release the records of: **Name(s) of patient(s):** _____

DOB: _____

Address: _____

Phone: _____

RECORDS RELEASED TO: **Name:** _____

Address: _____

Phone: _____

For a copy of your child's medical record, please include \$15 (per child maximum \$30 per family) for a processing fee.

Please indicate reason for request.

- Patient requested
- Specialist requested
- Transferring to another doctor
- Insurance company requested
- Attorney requested

Print Parent/Legal Guardian Name
(or patient if over 18 yrs old)

Signature of Parent/Legal Guardian
(or patient if over 18 yrs old)

Please note:

- 1. Medical records cannot be released on demand. Please allow up to 30 days for processing once the signed release and payment has been received.**
- 2. This authorization is valid for 90 days from receipt.**
- 3. A duplication fee may be associated with this request.**