

254 Moraine Pointe Plaza

Butler, Pa 16001

Phone 724-283-5437

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Transfer Medical Record Release Form

Date:		
Patients Name:		DOB:
Address:		
Phone:		
I hereby authorize Care Pediatrics.		to release medical records to Quick
Dates of records to be	released:	
From:	To:	
Parent/Guardian Signa	iture	