

GLENDALE PEDIATRICS

A PROFESSIONAL CORPORATION
1500 EAST CHEVY CHASE DRIVE, SUITE 250
GLENDALE, CALIFORNIA 91206-4139

RICHARD H.FEUILLE, JR., M.D.
JENNIFER A HARTSTEIN, M.D.
JAMES C. HENRY, M.D.
BRADLEY M. BURSCH, M.D.

TEL. (818) 246-7260
FAX (818) 502-9247

NICOLE A FABRIS-CARRAL, M.D.
SUJATA P.IYER, M.D.
AMELIA FAN, M.D.
SHIRLEY LEE, M.D

REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby authorize and request that **GLENDALE PEDIATRICS** release copies of the medical records

concerning (*patient*) _____, Date of Birth, ____/____/____
mm dd yyyy

for the treatment during the period from: ____/____/____ to: ____/____/____
mm dd yyyy mm dd yyyy

To: _____
Recipient(s) First and Last Name

Address: _____

City: _____ State: _____ ZIP: _____

Reason: App't with Specialist Transferring to New M.D. Other _____

Name: _____ Tel. () _____ ext. _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: ____/____/____
mm dd yyyy

Relationship to Patient: _____

Information released on this authorization, if disclosed by the recipient, is no longer protected by Glendale Pediatrics

MAIL COPIES

PICK UP FROM OFFICE *

*Copies not paid for or picked up from our office within **60 days** from the date of this request will be destroyed and this authorization shall be rendered invalid.