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Please complete and email back to deanna.roselandpeds@gmail.com

I, _____, hereby authorize **Roseland Pediatrics** to
release the complete medical records for _____.

The reasons or purpose of this release of information are as follows:

I understand that there is a \$25 fee printed records for pick up only. I understand that records cannot be mailed, emailed or faxed. I understand that payment needs to be made before the medical records are released. Once records are released no further appointments can be made and all future appointments will be canceled.

Signed: _____ Date: _____

Memo (for office staff):

