

Riverdale Pediatrics, P.C.

2600 Netherland Avenue, Suite 120
Riverdale, NY 10463
Tel: 718796-3580 • Fax: 718-796.3987
www.riverdalepediatrics.com

Authorization for Release of Medical Records

Child's name		Date of birth
Parent/Guardian		
Street address		
City	State	Zip
Contact telephone number	Date authorization expires	

I hereby authorize Riverdale Pediatrics, P.C., to release the medical records, including laboratory studies, radiological studies and specialist reports. Mail to:

Doctor's name/Medical facility:

Street address

City	State	Zip
Parent/Guardian signature		Date

Or

I hereby authorize Riverdale Pediatrics, P.C., to release the medical records, including laboratory studies, radiological studies and special reports to me.

Mail to: my current address new address

Street address

City	State	Zip
Parent/Guardian signature		Date

Please be advised:

- All transfers will be processed within 10 to 20 business days.
- Fee for record release is \$0.75 per page.
- Records cannot be released until payment is made.

Credit card number	Expiration date
Name as appears on credit card	Security code
Signature of card holder	Date