



Center for Pediatric Medicine

Our Family Caring For Yours

107 Newtown Road, Suite 1D
Danbury, CT 06810
203-790-0822

83 Sandpit Road
Danbury, CT 06810
203-746-3280

11 Route 37
New Fairfield, CT 06812
203-791-9599

We do NOT accept and/or fax Medical Records

Authorization for Release / Request for Health Information - Transfer In Release

Transferring In

Date

Patient name: DOB: Phone #

Address City State Zip

Additional Children for transfer:

- 1) Date of Birth:
2) Date of Birth:
3) Date of Birth:
4) Date of Birth:

Release records from: Phone # Fax #

Address City State Zip

Release records to: Center for Pediatric Medicine - Attention: Medical Records
107 Newtown Road Suite 1D
Danbury, CT 06810

Please MAIL the complete medical history for the patient(s) listed above.

ALL office visits, sick visits, wellness visits, vaccinations, etc.\*

\*\* We do NOT accept records by fax! \*\*

Reason for Transfer

- We're Moving Aged out
Leaving the practice if so why:
Need them for a specialist (not leaving the practice)
Need them for insurance or legal matters (not leaving the practice)

By signing my name, I authorize the release of all highly confidential information including mental illness or developmental disability, HIV/AIDS test results and substance (drug or alcohol)

Patient's Signature Date

\*\*\*\*\*

Patient is a minor, or patient is legally unable to sign

(Print Name)

(Date)

(Signature of Authorized Person)

(Relationship to Patient)

Please contact our Business Office at (203) 798-7661 to settle any open balances prior to transfer of medical records\*\*

Please Note: CT law allows 30 days for transfer of the medical record.