



RELEASE OF MEDICAL RECORDS

TO: _____

ADDRESS: _____

PHONE: _____

FAX: _____

PATIENT NAME (S)

DATE OF BIRTH

PLEASE FORWARD RECORDS AS SOON AS POSSIBLE TO:

ADVOCARE PROGRESSIVE PEDIATRICS

N. POLACK, M.D.

K. TERAGUCHI, M.D.

3196 KENNEDY BLVD STE#3

UNION CITY, NJ 07087

T: 201.319.9800

F: 201.319.9849

SIGNED: _____ **RELATIONSHIP:** _____ **DATE:** _____