

ISLAND HEIGHTS PEDIATRICS

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MEDICAL RECORDS RELEASE

INSTRUCTIONS:

- 1. Make sure all blanks are filled in; failure to do so may prevent or delay release of information.
2. Only Island HeightsPediatrics records will be copied.
3. Processing Fee (ifany) due at time of request.
4. Please allow 5 business days for processing.

PATIENT IDENTIFICATION:

Form with fields for Names/s and Birthdate/s.

PROVIDER: (Who is releasing information?)

Form with fields for Name: and Address:.

REQUESTOR: (Where do you want the information sent?)

Form with fields for Name: and Address:.

INFORMATION REQUESTED:

Table with rows: Immunization Records, Lab Data and X-ray Reports, Consults, Newborn Screening Results, Growth Charts.

Table with rows: Psychiatric/Mental/Drug/Alcohol, Physician Notes (dates), Other (explain).

PURPOSE OF RELEASE:

Table with rows: Insurance, Legal.

Table with rows: Continued Medical Care, Other:.

IF LEAVING OUR PRACTICE (Reason)

Table with rows: Dissatisfaction, Convenience of hours, Convenience of location.

Table with rows: Moving, Insurance, Other:.

SIGNATURE OF PARENT OR LEGAL REPRESENTATIVE (and relationship)

DATE

WITNESS:

DATE

NAME OF PERSON PICKING UP RECORD:

DATE:

I understand that this consent is valid for sixty (60) days, or can be revoked at any time prior to this time period in writing.

PROPER IDENTIFICATION IS REQUIRED AT TIME OF PICKUP