

DeVito and Alvarado Pediatric Associates, PLLC

www.devitoalvaradopediatrics.com
RECORD RELEASE AUTHORIZATION

TO: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE RECORDS TO:

DEVITO & ALVARADO PEDIATRIC ASSOCIATES PLLC
FRANCIS J. DEVITO, M.D. F.A.A.P.
LESLIE T. ALVARADO, M.D. F.A.A.P.
RACHELLE E. NAMM, M.D., F.A.A.P.
EVA GOMOLINSKI, M.D., F.A.A.P.
CHRISTOPHER A. KACIN, M.D., F.A.A.P.
REKHA MAHALE, M.D., F.A.A.P.

8008 THIRD AVENUE
BROOKLYN, NY 11209
(718) 833-3636 TEL
(718) 833-2432 FAX

1550 RICHMOND AVENUE
STATEN ISLAND, NY 10314
(718) 982-1136 TEL
(718) 982-1137 FAX

PLEASE RELEASE ALL MEDICAL RECORDS IN YOUR POSSESSION

DURING THE PERIOD FROM _____ TO _____.

PATIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS _____

SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____