Falmouth Pediatric Associates, LLP

Peter T. Lind, M.D. - Gregory W. Parkinson, M.D. - Emily C. O'Connell, M.D. - Taryn Carlson-Andrews, N.P.

RECORDS RELEASE / REQUEST

DATE:_____

TO:_____
_____
_____

RE:_____ DOB:_____
RE:_____ DOB:_____
RE:_____ DOB:_____
RE:_____ DOB:_____

INFORMATION REQUESTED

_____Summary of Records _____Copy of Records
_____Growth Chart
_____Immunizations _____Special Testing

I hereby authorize the release of the above information to:

FALMOUTH PEDIATRIC ASSOCIATES
2 Bramblebush Park
Falmouth, MA 02540
(508) 540-1801

Date Signed:_____ Signed:_____
Witness:_____ Relationship:_____

NOTE: This consent is valid for (1) year unless otherwise revoked. This information is strictly confidential and is only for the person whom it is addressed. No responsibility can be accepted if this information is made available to any other person, including the patient.