



PASSAIC PEDIATRICS P.A.
 298 Passaic Street / 200 Gregory Ave 2nd Fl
 Passaic, NJ 07055
 Phone # 973-249-8100 Fax # 973-249-8110

MEDICAL RECORDS RELEASE FORM

Date: _____

To: _____

- 1. Patient's Name: _____ D.O.B. _____
- 2. Patient's Name: _____ D.O.B. _____
- 3. Patient's Name: _____ D.O.B. _____
- 4. Patient's Name: _____ D.O.B. _____
- 5. Patient's Name: _____ D.O.B. _____

Please release my child's medical records to:

- | | |
|--|---|
| <input type="checkbox"/> Judelka Japa-Camilo, MD | <input type="checkbox"/> Antonio Camilo, MD |
| <input type="checkbox"/> Khalid Syed, MD | <input type="checkbox"/> Maya Maxym, MD |
| <input type="checkbox"/> Angel S. Ferrer, MD | <input type="checkbox"/> Lourdes Aguayo, MD |
| <input type="checkbox"/> Manuel Rodriguez, MD | |

 Parent / Legal Guardian's Name

 Parent / Legal Guardian's Signature

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