PEDIATRICARE

Moshe Singer M.D.
773-831-7337
Oncall-peds.com

Authorization for Release of Medical Information

Patient Name:

DOB:

I hereby authorize the release of medical information from:

PediatriCare, LLC
2934 W Sherwin Ave, Chicago, IL, 60645
Phone: 773-831-7337 Fax: 216-249-9038
Email:Singer@oncall-peds.com Web: https://www.oncall-peds.com

To: _____ _____ _____

Practice name/Physician name **Fax Number** **Phone number**

Please release all health information (including growth charts and vaccination records) unless otherwise noted below:

_____

_____

_____

I understand that I may revoke this authorization in writing at any time. Otherwise, this authorization shall remain valid until such time as it is revoked in writing.

Your name _____

Relationship to patient _____

Signature_____

Date_____