



PediatriCare Associates

Pediatric and Adolescent Medicine

AUTHORIZATION TO OBTAIN MEDICAL RECORDS

I, _____, do hereby authorize the release of my child(s) medical records, including immunization and reports be forwarded to:

PediatriCare Associates

20-20 Fair Lawn Avenue, Fair Lawn NJ 07410

Fax: 201-791-3765

Email: fl@pediatricareassociates.com

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Name of Insurance Company: _____

Is your child fully vaccinated? **Yes** or **no** (circle one)

If not, do you plan to fully vaccinate your child? **Yes** or **no** (circle one)

Name of previous office: _____

Address of previous office: _____

Phone/Fax number of previous office: _____ / _____
Phone Fax

Print name of Parent/Legal Guardian: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Signature of Parent/Legal Guardian: _____ Date: _____

PediatriCare Associates
20-20 Fair Lawn Avenue
Fair Lawn, NJ 07410
Phone: (201) 791-4545
Fax: (201) 791-3765

PediatriCare Associates
400 North Franklin Turnpike
Mahwah, NJ 07430
Phone: (201) 529-4545
Fax: (201) 529-1596

PediatriCare Associates
901 Route 23 South
Pompton Plains, NJ 07444
Phone: (973) 831-4545
Fax: (973) 831-1527

PediatriCare Associates
1225 McBride Ave
Woodland Park, NJ 07424
Phone: (973)-256-4545
Fax: (973)-826-8600

PediatriCare Associates
90 Prospect Avenue
Hackensack, NJ 07601
Phone: (201)-342-4001
Fax: (201)-342-9569