

# Healthy Children Pediatrics LLC

Tel:(203) 527-4868 Fax:(203) 527-5144

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

**From:** Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To:** Doctor's Name: Dr. Ezzat Hafez

Address: 1655 Straits Turnpike, Suite 3, Middlebury, CT 06762

Phone: 203-527-4868 Fax: 203-527-5144

Please send ALL medical records on my children:

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

To the following office:

Healthy Children Pediatrics LLC

1655 Straits Tpke, Suite 3, Middlebury, CT 06762

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

Parent/Guardian Name and Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

