



Child Life Pediatrics, PC
 Robyn Cadet, MD
 346 Westbury Avenue
 Carle Place, New York 11514

Building Healthy Lives Together...

(516) 338 – KIDS (5437)

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Date: _____

Previous Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Name: _____
 (Please Print)

Date of Birth: _____

Child's Name: _____
 (Please Print)

Date of Birth: _____

Child's Name: _____
 (Please Print)

Date of Birth: _____

Child's Name: _____
 (Please Print)

Date of Birth: _____

I hereby authorize and request the complete Medical Record of the child(ren) listed above, be released to:

 Signature of Parent / Legal Guardian

 Date