



MEDICAL RECORD RELEASE FORM

PHONE : 973-335-1150 - FAX : 973-998-4582

Date: _____

Release To: _____
Varshaben Patel, MD

Sunrise Pediatrics LLC

275 Baldwin Road, Suite 101, Parsippany, NJ 07054

Phone: 973-335-1150 • Fax: 973-998-4582

I hear by authorize the release of any information; including Diagnosis, Immunizations, Lab Results, Consult Notes and Problem List; rendered to my children named below; to Varshaben Patel, MD of Sunrise Pediatrics LLC.

1. Child Name: _____

Date of Birth: _____

2. Child Name: _____

Date of Birth: _____

3. Child Name: _____

Date of Birth: _____

Signature of Parent _____ Home Phone (_____) _____

Name of Parent _____

Address _____

City _____ State _____ Zip _____