LAURENCE J. MURPHY, M.D., F.A.A.P.
STACEY H. STAATS, M.D., F.A.A.P.

PEDIATRICS●ADOLESCENT MEDICINE●PEDIATRIC ALLERGY
BURKE PROFESSIONAL CENTER
5212 LYNGATE COURT●BURKE, VIRGINIA 22015
WWW.DRSMURPHYANDSTAATS.COM
(703) 503-9100

Medical Records Release

Patient Name: _____ DOB:_____
Address: _____
_____
Contact Phone: _____

I, _____ , hereby authorize
_____ to release the following information:

Please also release the records of the following patient(s) :
1._____ DOB:_____
2._____ DOB:_____
3._____ DOB:_____

All Records Immunization Records Lab Reports Radiology reports

Reason for Release (circle one):

Moving Legal (not leaving) Adult MD Other (please specify):_____

Patient/Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____