



Advanced Pediatrics

Arthur Lavin MD
Julie Hertzler MD
Kelley Muldoon Rieger APRN, PNP

Release of Information Form

I hereby request and grant permission for:

Name _____
Address _____

to forward all pertinent information contained in the medical record for:

Patient Name(s) _____
Patient Date(s) of Birth _____

to Dr. Arthur Lavin/Dr. Julie Hertzler at the address below.

Such information should include a list or report of all diagnoses which are either active or relevant for continued care, a list and/or report of all surgical procedures, a list and/or report of (other) significant diagnostic procedures, dates of all immunizations and important screening tests, a list of important allergic conditions, and a report of growth and development. In particular a copy of the immunization record and the growth curve(s) would be especially appreciated.

Exceptions to this permission are listed as follows:

Date: _____

Signed: _____
Address: _____

