



1672 South County Trail • Suite 201 • East Greenwich • Rhode Island • 02818
Phone 401-886-7881 • Fax 401-886-7883

Authorization to Release Medical Information

Patient Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

I hereby authorize the release of copies of my medical records from:

Name: _____

Address: _____

Phone: _____ Fax: _____

Records to be released to:
Ocean State Pediatrics
1672 South County Trail, Suite 201
East Greenwich, RI 02818

The reason for transfer of records: _____

Request the following information to be released:

_____ well visits _____ office notes _____ Labs _____ X-ray _____ Entire Chart _____

Other _____

_____/_____/_____
Signature of Patient or Legal Guardian Relationship to Patient Date

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER IT IS SIGNED
Deborah Zinck, MD - Anne Noel, MD - Howard Silversmith, MD - Lisa Haines, MD
Christine Willis, MD - Leonora First, MD - Elizabeth Butler, MD - Michele Mathieu, MD