

Authorization to release medical information to

Dr. Maria C.Turizo & Dr. Barry Prystowsky

Integral Care Pediatrics

562 Kingsland Street,

Nutley, NJ 07110

Phone: 973-235-0101 Fax: 973-667-5716

Patient Name _____ D.O.B. _____

I, _____ authorize the release medical records
(parent/legal guardian Name)
as specified below,

From Dr. /Hospital _____

Phone: _____ Fax: _____

To Dr. Maria C. Turizo/Dr. Barry Prystowsky at Integral Care Pediatrics

X _____

Signature

For Office Use Only

Immunization Record	Y	N
Laboratory Results	Y	N
Specialist Consultation Reports	Y	N
Radiology Reports (MRI, X-Rays, Ultra Sounds etc.)	Y	N
Other:	Y	N