ADVANCED
PEDIATRICS OF BOCA

TopLine MD Alliance

Authorization for Release of Medical Records:

I authorize:

Advanced Pediatrics of Boca
9970 N Central Park Blvd., Suite 203
Boca Raton, FL. 33428
Phone: 561-487-1616/ Fax: 561-487-1619

To release my records to:

Facility _____
Address _____
_____
Main_____
Fax_____

For the Child(ren) named below:

1._____ Date of Birth_____
2._____ Date of Birth_____
3._____ Date of Birth_____
4._____ Date of Birth_____

By signing below, I am authorizing the release of the above named patients' records, growth charts and immunization history, to the facility mentioned above.

Parent Signature:_____ Date: _____