IMA Pediatrics

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Dr. Emily A. Eyerkuss, DO. FAAP

An office of Dr. Brendan J. Mulholland

MEDICAL RECORD REQUEST

Please send Well-Visit Notes, Immunization Records, Growth Charts, Lab results & Specialist/Consult Notes to **(732) 945-8700**

Patient Name:_____ DOB: _____

Street Address: _____

Phone Number: _____

Records Requested From:

Name of Practice/Doctor: _____

Street Address: _____

Phone Number: _____ Fax Number: _____

I hereby authorize the office/facility indicated above to release copy of my child's medical records to the requesting office/facility.

Parent/Legal Guardian (Print): _____

Parent/Legal Guardian (Sign): _____ Date: _____

I authorize the release of any & all of my (child's) medical records; including records containing psychiatric treatment, drug & alcohol abuse treatment, HIV infections and AIDS. This will include any test results and treatments, as well as counseling records. I understand that my records are privileged & confidential in status. I am waiving that status for the purpose stated above (transfer of care). I release and hold harmless Dr. Brendan J. Mulholland, his practice & his employees for all liability that may arise from complying with this authorization. This authorization shall remain in force for 90 days. I understand the policy regarding the charges to me associated with this request for medical records (printed) and agree to pay an amount indicated by the staff based on quantity of pages provided (for print). Please note: there is NO charge for records transferred to another physician.