



# 7 Days Pediatrics

"Where You Can See a Pediatrician Any Day"

## Medical Records Release Form

**Patient's Name:**

\_\_\_\_\_

*(Last Name, First Name)*

**Patient's D.O.B:** \_\_\_\_\_

**To:**

\_\_\_\_\_

*(Doctor's/Practice Name & Fax/Phone Number)*

I authorize the release of my child's:

- Full medical record
- Immunizations
- Lab results
- Imaging results
- Growth Chart

Please fax records to **(732)906-3966**

\_\_\_\_\_

*(Parent/Patient's Signature)*

Thank You,  
7 Day Pediatrics Staff

**Tel: (732)548-3210**

**[www.7DaysPediatrics.com](http://www.7DaysPediatrics.com)**

760 Amboy Ave  
Edison, NJ 08837

1550 Park Ave, Suite 103  
South Plainfield, NJ 07080

1802 Oak Tree Road  
Edison, NJ 08820



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