

# Cedar Bridge Pediatrics



249 South Main Street, Suite #2 • Barnegat, New Jersey 08005  
Phone: 609-607-1010  
Fax: 609-607-9992

## MEDICAL RECORDS REQUEST – NEW PATIENT

Date Requested: \_\_\_\_\_

Previous Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I hereby authorize and request you to release a copy of the complete medical history in your possession concerning the illness and / or treatment for the following patients(s) to

**Cedar Bridge Pediatrics.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Home address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_