



Andrew Podos, M.D.  
Dulce Dudley, M.D.  
Debra Shepard, M.D.  
C. Todd Vedder, M.D.  
Andrew Podos, M.D.

Reisha Brown, M.D  
Anne Bentley, ARNP-C  
Ellen George, PA-C

**Request for Release of Medical Records**

**I hereby request release of all office/progress notes, growth charts, immunization records, laboratory test results or summary of the above information and any other pertinent medical information pertaining to my child/children listed below.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please release information to:**

**Anchor Pediatrics  
1845 Veteran's Pk Dr., Ste #260  
Naples, FL. 34109**

**Ph: 239-254-7602**

**Fax: 239-254-7959**

**Reason records are being released:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Records being released from:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

