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
1008 Goodlette Rd. N #100
Naples, FL. 34102

Ph: 239-262-8226 **Fax: 239-643-9070**

Reason records are being released: ____.

______________________________ ______________________________
Signature of Parent/ Guardian Date

Records being released from: ____

____.

Ph: ______________________________ **Fax:** ______________________________