



Medical Records Release Request

Date of request: ____ / ____ /20 ____.

Please release Medical records for _____ DOB: ____ / ____ / ____.

I understand that if my medical records contains information in reference to drug and/or alcohol abuse, psychiatric, venereal disease, social service, hepatitis B testing/treatment and/or any other sensitive information, I also agree to it's release:

Initial: _____

If applicable, please also include my HIV (AIDS) testing/treatment information with this release.

Initial: _____

Signed: _____

Print Name: _____

Relation to Patient: Patient Parent Legal Guardian Other: _____

Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Witness : _____

Please send records to

- | | |
|---|---|
| <input type="checkbox"/> Robert E. Braitman, M.D. | <input type="checkbox"/> Evan D. Finkelstein, M.D. |
| <input type="checkbox"/> Mark R. Friedman, M.D. | <input type="checkbox"/> Maria Fung, M.D., F.A.A.P. |
| <input type="checkbox"/> Heidi Katz DuBois, M.D. | <input type="checkbox"/> Jeff A. Kolodney, M.D. |
| <input type="checkbox"/> Donna M. O'Connell, M.D. | <input type="checkbox"/> Ramey Harris-Tatar, P.N.P. |
| <input type="checkbox"/> Barbara Robinson, P.N.P. | <input type="checkbox"/> Sally Walsh, P.N.P. |

Location:

62 Walpole Street • Norwood, MA 02062

480 West Central Street • Franklin, MA 02038

62 Walpole Street • Norwood, MA 02062 • P: 781.769.4090 • F: 781.769.6485
480 West Central Street • Franklin, MA 02038 • P: 508.528.5404 • F: 508.528.5383



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Mark R. Friedman, M.D., F.A.A.P.		Maria Fung, M.D., F.A.A.P.
Heidi Katz DuBois, M.D., F.A.A.P.		Jeff A. Kolodney, M.D., F.A.A.P.
Donna M. O'Connell, M.D., F.A.A.P.		Ramey Harris-Tatar, P.N.P.
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