



Healthy Kids

PEDIATRIC GROUP

Request for Release of Records

To: _____

Phone # _____ Fax # _____

I hereby authorize the release of my child's medical records to the
Healthy Kids Pediatric Group.

Please Mail or Fax:

Healthy Kids Pediatric Group
300B Princeton-Hightstown Road, Suite 201, East Windsor, NJ 08520
or
2 Princess Road, Lawrenceville, NJ 08648

Phone: 609-448-7300
Fax: 609-448-8022

Patient's name _____ DOB _____

Patient's name _____ DOB _____

Parent/Guardian Signature

Date