

Landen Lake Pediatrics

John C. Doscher, M.D.

Paul W. Korn, M.D.

Angeli M. Underiner, M.D.

4834 Socialville-Foster Rd.

Suite 50

Mason, Ohio 45040

Office phone: 513-398-5960

Office Fax: 513-459-7833

REQUEST FOR RELEASE OF MEDICAL RECORDS

DATE: _____

I hereby request and authorize you to release to **Landen Lake Pediatrics** all medical records, including immunizations, allergies, growth charts, and information concerning HIV testing or treatment of AIDS, AIDS-related conditions, drug or alcohol abuse, drug-related conditions, alcoholism, and/or psychological/psychiatric conditions.

These records will be used for the purpose of: _____

Please list each child's NAME and DATE OF BIRTH:

Signature of parent or guardian: _____

Address: _____

Phone: _____

This authorization will expire on : _____

Please forward this to your previous medical office or offices, or provide us with the complete address.

Thank you!