

Record Release Authorization

TO: _____
DOCTOR OR HOSPITAL

ADDRESS

I HEARBY AUTHORIZE AND REQUEST YOU RELEASE TO:

Shore Care Pediatrics

Rebecca Perril, D.O., F.A.A.P.
Lauren Sullivan, P.N.P.

4000 Highway 66,
Suite 125
Tinton Falls, NJ 07753

Phone: 732-922-2105
Fax: 732-922-2472

THE COMPLETE RECORDS IN YOUR POSSESSION
CONCERNING MY TREATMENT FROM _____ TO _____

NAME

ADDRESS

SIGNATURE