

**Release of Medical Records to Candlewood Pediatrics & Adolescent  
Medicine ; 300 Candlewood Commons, Howell , NJ 07731 .**

Tel 732-370-9600 Fax 732-370-9656

Release From:

\_\_\_\_\_  
Clinic

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

Please release records for the following patient(s) and mail them to above address

We request the immunization record, growth chart, last physical exam, pertinent labs & specialist reports and any significant medical history only.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Patient

\_\_\_\_\_  
Date