

Montgomery Pediatrics, Inc.

9157 Montgomery Road, Ste. 100, Cincinnati, OH 45242 (513) 984-5552 Fax: (513) 984-5554
Form can be emailed to forms@montgomeryped.com or officemanager@montgomeryped.com

Authorization for Disclosure of Health Information Immunizations and Forms

I, _____ hereby authorize Montgomery Pediatrics, Inc. and its agents to release information regarding:

_____ (Name of patient) _____ (Date of Birth)

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I am requesting that Montgomery Pediatrics, Inc release immunization records and/or complete and release any athletic form, medication form, day care form, work permit, or any other related form. I am also authorizing Montgomery Pediatrics, Inc to fax or email this information to whomever I have communicated this requested document be sent to.

I hereby release you, your physicians, and your employees from any and all liability for fulfilling the authorization request for release of medical information. I understand that this consent is revocable by me, in writing, at any time except to the extent that action has been taken in reliance on it. I also understand that this consent will expire in one year unless given written notification.

Date: _____

Signature of Patient or Patient Representative: _____

Print Name _____