

# Church Hill Pediatrics and Adolescent Medicine

*Richard Auerbach, MD  
Corinna Soriano, MD  
Stacey Langsam, DO  
Allene Troy, PA-C, IBCLC  
Kristen Grabarz, APRN*

[www.churchhillpeds.com](http://www.churchhillpeds.com)  
[mail@churchhillpeds.com](mailto:mail@churchhillpeds.com)

32 Church Hill Rd, Suite 200  
Newtown, CT 06470

P: 203-426-KIDS (5437)  
F: 203-426-2100

## Medical Record Release Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please release medical records in your possession to the below practice:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

The request to transfer medical records is for the following reason:

Relocation

Referral to Specialist

Other Reason

Signature: \_\_\_\_\_ Date: \_\_\_\_\_