

Church Hill Pediatrics and Adolescent Medicine

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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: Church Hill Pediatrics and Adolescent Medicine

Address: 32 Church Hill Road

City: Newtown State: CT Zip: 06470

Email Address: mail@churchhillpeds.com

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

Relocation

Referral to Specialist

Other Reason

Signature: _____ Date: _____