



MOUNT SINAI
SCHOOL OF
MEDICINE
NEW YORK

Uptown Pediatrics, P.C.

Ramon J.C. Murphy, M.D.
John G. Larsen, M.D.
Beth Cohen, M.D.
Signe Larson, M.D.
Daniel J. Cammerman, M.D.
Ivanya L. Alpert, M.D.

1245 Park Avenue
New York, NY 10128

Tel: (212) 427-0540
Fax: (212) 534-1086
www.uptownpediatrics.com

Personal Health Information/Medical Record Release Form

I authorize Uptown Pediatrics, PC to release the following information to:

Patient's Name: _____ **DOB:** _____
Address: _____

Other: _____
Address: _____

Please check the information requested:

- Complete Medical Record
- Medical Summary
- Immunization Record
- Last Physical Examination
- Growth Charts
- Notes from most recent visit
- Consult Reports
- Other _____

Dr's. Signature _____

I understand and agree that I will be charged at the rate of **\$.75 per page** for copying and any postage and handling to forward these records. Please allow at least 10 business days for processing.

Signature of Parent/Guardian

Date of Request

Print Name of Parent/Guardian