CARMEL PEDIATRICS, LLC
13450 N MERIDIAN STREET
SUITE 260
CARMEL, IN 46032
(317)582-7257 (317)582-7360
FAX (317)582-7413

Randall D. Stoesz, M.D. Martin J. Miller, M.D. Susan L. Davis, M.D. Carolyn O. Robinson, M.D.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Name ____DOB_____________________________

Name ____DOB_____________________________

Name ____DOB_____________________________

Name ____DOB_____________________________

Records to be released to:

___Dr Susan L Davis ___Dr Martin J Miler ___Dr Randall D Stoesz ___Dr Carolyn O Robinson

Please release the following information:

__Office Notes __Lab Reports __Diagnostic Test Results __X-ray Reports __Immunization Records

__Other (specify):____

I give permission for ____ to release the health information described above to Carmel Pediatrics.

____

Signature of Patient/Parent/Legal Guardian Date