

Atlantic Coast Pediatrics, M.D., P.A.
280 N Sykes Creek Pkwy., Suite 108
Merritt Island, FL 32953
PH (321) 452-1061
FAX (321) 453-0866



Luis A. Gonzalez, M.D.
Lisa A. Cosgrove, M.D.
Donna A. Calvelli, ARNP

REQUEST FOR MEDICAL RECORDS

DATE: _____

RECORDS TO BE OBTAINED FROM:

NAME OF DOCTOR OF HOSPITAL:

ADDRESS:

CITY

STATE

ZIP CODE

AREA CODE

PHONE #

I HEREBY AUTHORIZE YOU TO RELEASE TO:

ATLANTIC COAST PEDIATRICS MD PA

P.O. BOX 541216

MERRITT ISLAND, FL 32954-1216

PH (321) 452-1061 FAX (321) 453-0866

Any information including the diagnosis and records of any treatment or examination rendered to:

During the period from _____ to _____

PATIENT'S PARENT OR LEGAL GUARDIAN NAME (PRINT)

SIGNATURE

RELATIONSHIP TO PATIENT