



# Pediatric Associates

*of Lewiston P.A.*

The Fairgrounds Business Park

33 Mollison Way

Lewiston, Maine 04240

Tel. (207) 784-5782 \* Fax. (207) 783-9268

## Release Form for individuals involved in care of patient

I, \_\_\_\_\_, give Pediatrics Associates of Lewiston P.A. permission to speak with the following people regarding my child's health status, including diagnosis, treatment options and plans and payment for health services I receive from Pediatrics Associates of Lewiston P.A.

This consent is valid until such time as I provide Pediatrics Associates of Lewiston P.A. written revocation of it.

**Patient Name:** \_\_\_\_\_

**Patient's DOB:** \_\_\_\_\_

Pediatrics Associates of Lewiston, P.A. may speak with:

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

❖ This form is to be filed in the patient's medical record