

# EPPC

Ettienne Premier Pediatric Care, LLC  
2905 Mitchellville Rd., Suite 115  
Bowie, MD 20716

Phone: (301) 390-7960

Fax: (301) 218-2800

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I Hereby Authorize: \_\_\_\_\_

(Name of Doctor \_\_\_\_\_

& Address): \_\_\_\_\_

To Release a Copy of the Medical Record On:

PATIENT'S NAME

DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: Ettienne Premier Pediatric Care, LLC  
2905 Mitchellville Rd., Suite 115  
Bowie, MD 20716

The medical records may contain information pertaining to any type of care including that pertaining to psychiatric, drug and/or alcohol diagnosis and treatment.

Please check desired information to be sent.

ALL \_\_\_\_\_ SPECIFIC \_\_\_\_\_

This consent is subject to revocation at any time except to the extent that action has already been taken in reliance on it.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date Mailed Out