

BLUESTONE PEDIATRICS PLC

MEDICAL RECORDS RELEASE FORM

RELEASE	FROM:		<u>RELEASE TO:</u>		
			BLUESTONE PEDIATRICS 4059 Quarles Court		
Physician/Clinic's Name			Harrisonburg, VA 22801 Phone (540) 437-4800		
Address					40) 437-9012
City	State	Zip			
Please relea	ase medical red	cords on the foll	owing patient(s):		
1]	Date of Birth:	
2				Date of Birth:	
3				Date of Birth:	
4			1	Date of Birth:	
Parent's Na	me:				
Parent's Ad	ldress		O'.		
	Stre	eet	City	State	Zip
Reason for Transfer:					
Signature				Date	
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