



... caring for infants, children & adolescents

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## MEDICAL RELEASE FORM

I authorize release of all medical records concerning

\_\_\_\_\_, (DOB) \_\_\_\_\_,

to Candlewood Valley Pediatrics. Thank you.

FAX #: 860-355-3856

\_\_\_\_\_  
(Signature) DATE: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Contact phone number: \_\_\_\_\_