



# SUBURBAN PEDIATRICS

JEAN ANN MARFURT, M.D.  
G. LAWRENCE McNALLY, M.D.  
MARJORIE R. PEPE, M.D.  
ROBERT R. LAUDICO, M.D.  
LISA A. TOLLINI, M.D.  
JUDI L. WOLF, M.D.

JoANNE L. MILLS, R.N., IBCLC  
SUSAN M. ADRIAN, C.P.N.P.  
MARK D. PINZEL, RPA-C  
BRIDGET M. KLICHTA, IBCLC  
PATRICIA A. LINDNER, C.P.N.P.

## REQUEST FOR MEDICAL RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

I hereby authorize the release of my medical records as requested below to:

SUBURBAN PEDIATRICS  
8643 SHERIDAN DRIVE  
WILLIAMSVILLE, NY 14221  
(716) 565-9030

SPECIFIC INFORMATION REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT/GUARDIAN)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(WITNESS)