



Ormond Pediatrics
 Dr. Lozano, Dr. D' Souza, Dr. Luke, Jennifer Sibley, CPNP

725 W Granada Blvd Suite 1
 Ormond Beach FL 32174-9406
 (386) 673-2770
 Fax: (386) 673 - 2760

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION TO
ORMOND PEDIATRICS PA

Date: _____

Patient's Name: _____ DOB: _____

Address: _____

The information to be released includes: Entire medical Record

Other: _____

Healthcare information will be used and/or disclosed for the following purpose(s):

Changing Primary Care Physician seeing/ Changing Specialist

Other(Write purpose here): _____

I authorize Ormond Pediatrics, PA to obtain healthcare information of the patient named above from:

Doctor/Office Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

Please exclude the following information if it is part of my child's Medical Records:

- Chemical Dependency/Substance Abuse
- Psychiatric/Psychological Conditions
- Sexually Transmitted Disease
- Alcohol/Drugs

Parent/ Legal Guardian Name: _____

Parent/ Legal Guardian Signature: _____