

Request for Medical Records



Pediatric Associates of Malden
Boston Children's
Primary Care Alliance

pediatricassociatesofmalden.com
781-322-5101 | fax 781-322-5820

Patient information

Patient name: _____

Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Disclosing facility

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Authorization to release

I hereby authorize and request you to release to Dr. Tien-Lan Chang /
Dr. Austin Liu / Dr. Maura Shea of 105 Commercial Street, Malden,
MA 02148, complete medical records of the above patient in your
possession:

Select one

During the period of:

Date from: _____ to: _____

All medical records

Signature

Parent/Legal guardian, or patient if 18 or older:

Today's date: _____