MONTGOMERY PEDIATRIC ASSOCIATES, P.A.

420 COTTON GIN ROAD

MONTGOMERY, AL 36117

PHONE: (334) 260-9129 FAX: (334) 260-9665

Dr. John H. Sumners, M.D. • Dr. James W. Rabon, M.D.
Dr. Daria J. Anagnos • Joia L. Henson, CRNP

Patient's Name: _____

Date of Birth: _____

Patient's Address: _____

I authorize Montgomery Pediatric Associates to release health information to:

Facility to receive health information: _____

Address: _____

Phone: _____ Fax: _____

Information to be released:

❒ History & Physical Exams ❒ Immunization Records ❒ Complete Medical Records

Expiration of Authorization: Unless otherwise revoked this authorization expires upon completion of this request.

I authorize the use and disclosure of my protected health information to the facility listed above.
I understand that this release is voluntary.

Signature: _____ Relationship to Patient: _____

Address: _____

Phone: _____

Date Signed: _____