

GREEN MOUNTAIN PEDIATRICS, P.C.

Judy K. Orton, M.D., F.A.A.P.

901 Main Street

Bennington, VT 05201

Telephone: (802) 442-6057

FAX: (802) 447-1348

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

DATE: _____

I hereby authorize: _____

to furnish full details of the medical care and treatment. I understand that this may include information relating to and/or treatment for psychiatric conditions, alcohol abuse, drug abuse, child abuse, physical abuse, sexual abuse, or other sexually transmitted diseases.

- Office notes including growth charts
- Laboratory reports
- Immunization records
- Hospital admission and discharge summaries
- Consultation reports
- Health summary
- Other _____

Regarding: _____ DOB: _____
_____ DOB: _____
_____ DOB: _____

TO: Green Mountain Pediatrics, P.C.
901 Main Street
Bennington, VT 05201

SIGNED: _____ DATE: _____
Relationship: _____

WITNESS: _____ DATE: _____

EXPIRATION DATE: _____