

**PEDIATRIC AFFILIATES, P.A.**  
*SPECIALIZING IN INFANTS, CHILDREN AND ADOLESCENT MEDICINE*

**AUTHORIZATION TO OBTAIN RECORDS**

I authorize **PEDIATRIC AFFILIATES, P.A.** to obtain all medical records pertaining to:

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Street Name)

\_\_\_\_\_  
(City, State, Zip)

**From:** \_\_\_\_\_ (Location) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address) \_\_\_\_\_ (Fax)

\_\_\_\_\_ (City, State, Zip)

**Complete Chart:** \_\_\_\_\_ **OR** **Shots Only:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient or Patient's Representative** **Date**

\_\_\_\_\_  
**Printed Name of Patient or Patient's Representative** **Relationship to Patient**

\_\_\_\_\_  
**Witness**

**Please MAIL Complete Charts to: Pediatric Affiliates, PA**  
**40 Bey Lea Road, B203**  
**Toms River, NJ 08753**  
**732-341-0720**

**Please FAX Shot Records to: Records Office – 732-244-6842**

12/2015

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<b>TOMS RIVER</b> 40 BEY LEA RD, B203 TOMS RIVER, NJ 08753 TEL: 732.341.0720 FAX: 732.244.6842	<b>LAKWOOD</b> 400 MADISON AVE LAKEWOOD, NJ 08701 TEL: 732.364.7770 FAX: 732.364.9292	<b>MANAHAWKIN</b> 1616 RT 72 WEST MANAHAWKIN, NJ 08050 TEL: 609.597.6200 FAX: 609.978.1229	<b>HOWELL</b> 1001 RT 9 NORTH HOWELL, NJ 07731 TEL: 732.905.9166 FAX: 732.431.9105	<b>BRICK</b> 218 JACK MARTIN BLVD BRICK, NJ 08724 TEL: 732.458.0010 FAX: 732.458.9329	<b>LAKWOOD</b> 870 RIVER AVE LAKEWOOD, NJ 08701 TEL: 732.367.3700 FAX: 732.367.3727
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