

Prescott Pediatric Care, PC Kristen Prescott, MD, FAAP, IBCLC
171 Daniel Webster Hwy, Suite 2
Belmont, NH 03220

Request for Medical Information

I [Print Name] _____ request

- My Medical Information
- Medical Information of my Child / Child I am the Legal Guardian of
be released to / from

to / from Prescott Pediatric Care, PC, 171 Daniel Webster Hwy, Suite 2,
Belmont, NH 03220

Patient Name: _____

DOB: _____ Social Security Number: _____

Address _____
[Street number, street name, city, state, zip code]

- Information to be included All Records
- | | | |
|--|---|--|
| <input type="checkbox"/> Operative Report(s) | <input type="checkbox"/> Hospital Admission/Discharge | <input type="checkbox"/> Lab Report(s) |
| <input type="checkbox"/> Pathology Report(s) | <input type="checkbox"/> Progress Note(s) | <input type="checkbox"/> Written/Verbal Exchange |
| <input type="checkbox"/> X-Ray Report(s) | <input type="checkbox"/> Other – Specify: | |

Requester
Parent/Guardian
Signature _____



Date _____

For verification of this request, please call me at _____

CONFIDENTIAL: This is a confidential document and contains privacy information. If you receive this document in error, please contact Prescott Pediatric Care, PC immediately at 603.524.5777.