



Royal Palm Pediatrics
11903, Southern Blvd., #118
Royal Palm Beach, FL 33411
Ph. 561-429-5898
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MEDICAL RECORD RELEASE FORM

PATIENT'S NAME _____ **DOB** _____

I _____, authorize _____

_____ to release my sons' /daughters'

Medical records (including HIV information) to Dr. Mohan of Royal Palm Pediatrics.

Date _____

Parent/Guardian _____