



74 Loomis Street, Bedford, MA 01730  
Ph: 781-674-2900 Fax: 781-275-0688  
Email: patriotpedsinbox@partners.org

Jacquelyn Chambers, MD, FAAP  
Mitchell J. Feldman, MD, FAAP  
Francine M. Hennessey, MD, FAAP

Christine Larsen, RN, CPN  
Sheilajane Lewis, RN, CPNP  
Shan Stoffolano, RN, CPNP

**Medical Record Release Authorization:**

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

Address: \_\_\_\_\_

\_\_\_\_\_ Sex: M or F

I, \_\_\_\_\_ request a complete copy of the entire medical record (any and all records) to be sent to: Patriot Pediatrics  
74 Loomis Street  
Bedford, MA 01730

**Records Sent From:**

Hospital, Clinic or Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**Mental Health Record Release Authorization:**

I, _____ authorize the release of all mental health records on patient: _____ to: Patriot Pediatrics 74 Loomis Street Bedford, MA 01730	
Signature of Responsible Party: _____	Date: _____
Relationship to Patient: _____	Date: _____

**Authorization for Release of HIV/AIDS Testing:**

I, _____ authorize the release of all HIV/AIDS tests performed on patient: _____ to: Patriot Pediatrics 74 Loomis Street Bedford, MA 01730	
Signature of Responsible Party: _____	Date: _____
Relationship to Patient: _____	Date: _____