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Foxborough, MA 02035
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PEDIATRIC SPECIALISTS
FOXBOROUGH · WRENTHAM

155 South Street
Wrentham, MA 02093
508-384-7867
FAX 508-384-8119

Release of Medical Records

(Leaving Pediatric Specialists of Foxborough & Wrentham)

I understand that as of the date of my signature, Pediatric Specialists of Foxborough and Wrentham is no longer my (child's) medical provider. I will obtain medical care for my child elsewhere.

[In the case of an emergency or illness, we will treat you (your child) for up to 30 days from the date this form is signed, as long as we are still listed with your insurance company as the primary care physician.]

Please fill in the information below, sign, and return this form to the office when you have received the medical records for:

Patient: _____ D.O.B. _____

Print Name: _____

Relationship to Patient: _____

Signed: _____ Date: _____

Phone: _____