BLUE RIDGE PEDIATRIC ASSOCIATES, LTD.
337 WESTSIDE STATION DRIVE
WINCHESTER, VIRGINIA 22601
Phone: (540) 667-5400
Fax: (540) 722-9516
Dr. Daniel C. Schiavone
Dr. Gita Haddadi

RECORDS RELEASE REQUEST

I hereby request that medical records be released to:

Practice/Physician: _____ Date: _____

Address: _____

Primary Phone Number: _____

Fax Number: _____

Child (Children's) Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please be sure to list ALL children that you request to have records transferred for.

Parent or Guardian Signature: _____ Date: _____

Current Address: _____

Primary Phone Number: _____

*****Please note, we SEND faxes 15 pages or less. If your document(s) are more than 15 pages WE WILL MAIL THEM. Thank you.**