



Nicholas S. Kasdon MD
Haesik Min MD
Teresita M. Alejo MD

READING PEDIATRIC ASSOCIATES PC

52 Haven St.
Reading, MA 01867
Phone: 781-944-2050
Fax: 781-944-0232

Darcey Santos PNP
Mary Sforza PNP
Kathryn Graf PNP

TODAY'S DATE: _____

I AUTHORIZE:

(Name of Practice to Release Records)

OFFICE TELEPHONE: _____ **SECURE OFFICE FAX:** _____

TO RELEASE RECORDS OF:

(Patient's Names/Dates of Birth)

PLEASE MAIL THESE RECORDS TO:

Reading Pediatric Associates PC
52 Haven Street
Reading, MA 01867
Tel: (781) 944-2050 Fax: (781) 944-0232

Sincerely,

PLEASE PRINT YOUR NAME: _____

Guarantor/Patient Address: _____

Guarantor/Patient Cell: _____

Guarantor/Patient Primary Email Address: _____