



Lewis M. Milrod, M.D., P.C.

Pediatric Neurology

80 Lincoln Highway (State Route 27)
Rear Suite
Edison, NJ 08820

Phone: 732-548-BRAIN (2724)
Fax: 732-623-9721

Date: ____/____/____

To:

Doctor's Name: _____

Doctor's Address: _____

Medical Release Form

I hereby authorize you to release the following healthcare information concerning my child to:

Lewis M. Milrod, M.D.

release the complete medical history and/or records in your possession

release healthcare information related to the following treatment, condition, or dates:

other: _____

Child's Name (last) _____ **(first)** _____

Date of Birth _____ / ____ / ____

Address _____

Parent's/Guardian's Signature X _____

Relationship to Child _____

Date ____/____/____