



7600 Osler Drive, Suite 311

Towson, MD 21204

Phone: 410-296-2300

Fax: 410-296-3444

PATIENT NAME(S): _____

DATE OF BIRTH: _____

I hereby authorize Dr. _____

To release all medical records pertaining to the patient(s) listed above.

This includes all immunizations and any information including the diagnosis and records of any treatment or examination rendered under the care of your medical practice.

I would like these records mailed or faxed to the following doctor's office:

Next Step Pediatrics

Jeffries Bucci, M.D. / Melissa Lancer, M.D.

7600 Osler Drive, Suite 311 Towson, Maryland 21204

Parent of Guardian Signature: _____

Date: _____