



GoldStar Pediatrics

Dr. Ritu Khullar MD, FAAP

GOLDSTAR PEDIATRICS

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Release of Medical Records to Goldstar Pediatrics

Release form

Clinic: _____

Address: _____

City

State

Zip

Please release records for the following patients (s) and mail them to GoldStar Pediatrics Office.

We request the immunization records, growth chart, last physical exam, pertinent labs & specialist reports only.

Patient Name _____ **DOB:** _____

Patient Name _____ **DOB:** _____

Patient Name _____ **DOB:** _____

Signature of Parent/Guardian/Patients

Date