



MADELEINE C. WEISER MD, PC

Teuta Henci MD Alisa Hoffman MD

Today's Date: _____

I, _____, authorize the release of my child's medical records to Madeleine C. Weiser MD, PC.

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Thank you,

Signature

Printed Name

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Affiliated with: *Bryn Mawr Hospital *Lankenau Hospital *Paoli Memorial Hospital