



**Joan G. Calkins, MD**  
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## Record Release

Please release the following children's records to:

Village Pediatrics & Rheumatology  
Joan G. Calkins, M.D.  
17 Long Avenue, Suite 110  
Hamburg, N.Y. 14075

Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please send the entire medical record

Please send a summary of the above named records

_____	_____
Parent or Guardian Signature	Date

### Previous Practice

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

