Patient Release of Information

Outside the Box PEDIATRICS

Deborah McGrew MD, OT
3225 California Ave SW, Seattle, WA 98116
P 206-241-4646, F 206-933-2049,
outsidetheboxpediatrics@gmail.com,

Patient Name: _____ **DOB:** _____
First Last mm/dd/yyyy

To: _____

Address: _____
Street City State Zip

Phone: _____ **Fax:** _____

Email: _____

I, _____ consent to the mutual exchange of information regarding my child _____ between the above listed Dr. /Professional and Dr. Deborah McGrew with the following restrictions (if any) listed below.

Restrictions: _____

_____

_____

Expiration date: _____

_____ _____

Signature (Parent/Guardian) **Date:**

FOR OFFICE USE ONLY

Faxed Date:	**Requesting:**
Faxed Date:	**Requesting:**
Faxed Date	**Requesting:**