



MADELEINE C. WEISER MD, PC

Teuta Henci MD Nancy Hillis MD Alisa Hoffman MD

Today's Date: _____

I, _____, authorize the release of my child's medical records
Name

from _____ to Madeleine C. Weiser MD, PC.
Medical Provider Office

Medical Provider Office Phone #

Child's Name

Date of Birth

Thank You,

Signature

Printed Name

233 E. Lancaster Ave., Ste 300 Ardmore, PA 19003
(610) 853-3737 / (610) 896-8009
Fax: (610) 649-7404

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