

Julius Sherwinter, M.D.
A. Gerald Reisman, M.D.
Terrence Gfroerer, M.D.
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Gloria Ana Berenson, M.D.
Kelly Wilburn, M.D.
Mustafa Quraishi, M.D.
Kathryn Bland, C.N.P.

Patient Name

Date of Birth

RELEASE OF INFORMATION

I authorize the release of any medical or other information necessary to process my child's insurance claim. This includes the release of medical information to other doctors or insurance companies for referrals or continuing medical care. I authorize Dunwoody Pediatrics to access pharmacy records from outside providers to ensure continuity of care.

I authorize payment of medical benefits to Dunwoody Pediatrics for services rendered. I agree to pay Dunwoody Pediatrics for any services not approved or covered by my insurance company.

Signature of Parent/Guardian/Patient

Date

Revised 05/01/2018