



Pediatric Healthcare

Lori R. Andrew, MD, FAAP
C. Damon Moore, MD, FAAP
Kimberly S. Kolb, DO, FAAP

Jamille Cooper, MD, FAAP
Suzanne O'Brien, CFNP
Jan W. Cantrell, CPNP
Elizabeth G. Choma, CPNP

Sterling Medical Office Park
46440 Benedict Drive, Suite 207
Sterling, VA 20164
Tel: 703-444-2100

Cornwall Medical Pavilion
224-D Cornwall Street NW, Suite 104
Leesburg, VA 20176
Tel: 703-779-0699

Over 18 Years of Age Authorization to Release Information

This is to state that I, _____

am over 18 years of age and I authorize Pediatric Healthcare, PC to release any

and all of my medical information to _____

_____.

By signing this form I agree to allow Pediatric HealthCare to communicate with my parents regarding insurance and billing issues.

I may rescind this authorization in writing at any time in the future.

Signature

Date

Printed Name