

**REQUEST FOR ALL MEDICAL RECORDS TO BE RELEASED TO:**

**DR. RACHEL ZYLBERBERG C/O NEONATAL CARE, INC.  
7340 EAST BROAD STREET  
BLACKLICK, OHIO 43004  
PHONE# (614)322-9720, FAX#(614)322-9725**

PATIENT(S) NAME & DATE OF BIRTH:

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PHYSICIAN(S) NAME, ADDRESS, PHONE# AND FAX# WHERE RECORDS ARE BEING RELEASED FROM:

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PERSON AUTHORIZING REQUEST FOR MEDICAL RECORDS AND RELATIONSHIP TO PATIENT:

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RELEASE OF RECORDS IS VALID FOR \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_\_\_\_