Union Mill Pediatrics, P.C.
13880 Braddock Road, Suite 201
Centreville, Virginia 20121
(703) 802-6304, Fax (703) 802-6307

Maura Eriksson, M.D.
Wayne Eriksson, M.D.
Shoshana Killian, M.D.
Eden Woredekal, D.O.

UNION MILL PEDIATRICS, P.C.
MEDICAL RECORD RELEASE AUTHORIZATION

Date: _____

To: _____

Address: _____

_____

_____

_____

I authorize the release of my child(ren)'s medical records to:
Union Mill Pediatrics, P.C.:
Dr. Maura Eriksson
Dr. Wayne Eriksson
Dr. Shoshana Killian
Dr. Eden Woredekal

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Signature: _____ Date: _____
Parent or Legal Guardian

PLEASE NOTE: This form is for you convenience only. Most practices charge for medical records and may also require that you fill out their release form. We will not contact your former practice for you, nor will we pay any fees required to have your records transferred.