

# ADVANCED PEDIATRICS

100 EAST STREET, S.E., SUITE 301 • VIENNA, VA • 22180

PHONE: 703-938-5555 • FAX: 703-319-8580

[info@advanced.pcc.com](mailto:info@advanced.pcc.com)

## RELEASE OF INFORMATION

I hereby give permission for Advanced Pediatrics & \_\_\_\_\_ of  
(Specialist/Provider Name)

\_\_\_\_\_ at \_\_\_\_\_  
(Practice/Group Name) (Email Address & Phone Number)

to coordinate and share information with each other regarding my child's care.

**Child(ren)'s Name(s):**

**Date of Birth:**

---

---

---

*\*I acknowledge the fact that coordination of care is a billed service, and I am responsible for any copayment, coinsurance, or deductible as it applies to my insurance plan.\**

---

**Parent's Printed Name**

**Parent's Signature**

**Date**