

Watoto Pediatric & Adolescent Specialty, LLC

7915 Lake Manassas Drive, Suite 209

Gainesville, VA 20155

Phone: (571) 248-0679

Fax: (571) 261-9549

Authorization For Release of Medical Records

Child's First Name	Last Name	Birthday

I authorize the release of information for the patient(s) named above to:

Watoto Pediatric & Adolescent Specialty

7915 Lake Manassas Drive, Suite 209

Gainesville, VA 20155

Phone: (571) 248-0679

Fax: (571) 261-9549

Parent or Legal Guardian (Please Print)

Parent or Legal Guardian Signature

Date