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## Medical Release Form

Transferring into Portland Pediatric Group, LLP. (PLEASE DO NOT FAX RECORDS)  Transferring out of Portland Pediatric Group, LLP.  authorize Portland Pediatric Group, LLP, to obtain information from/release information to:  Name of Provider/Facility:  Address:  City/State/Zip:  Phone:  All medical information available from the last five years. This includes psychiatric history, mental illness history, drug/alcohol use or abuse history, and information including sexually transmitted disease history from the last five years. This excludes psychiatric history, mental illness history, drug/alcohol use or abuse history, and information including sexually transmitted disease history and treatment.  Only medical history from the last five years. This excludes psychiatric history, mental illness history, drug/alcohol use or abuse history, and information including sexually transmitted disease history and treatment.  Other:	Patient Name	Date of Birth:
Please Check Appropriate Box    Transferring into Portland Pediatric Group, LLP. (PLEASE DO NOT FAX RECORDS)   Transferring out of Portland Pediatric Group, LLP.   authorize Portland Pediatric Group, LLP, to obtain information from/release information to:   Name of Provider/Facility:	Address:	
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