



Lehigh Valley Pediatric Associates, Inc.

Vilas K. Deshpande, M.D., F.A.A.P.
Oscar A. Morffi, M.D., F.A.A.P.
Richard J. Morse, M.D., F.A.A.P.
Raj S. Totlani, M.D., F.A.A.P.
Kathy Saylor, M.S.N., C.R.N.P.
Sarah Petruno, PA-C

REQUEST FOR TRANSFER OF MEDICAL INFORMATION

Date: _____

Name of Patient(s):

Date of Birth(s):

Release information to:

Lehigh Valley Pediatric Associates, Inc.

401 N. 17th Street, Suite 307
Allentown, PA 18104
Phone (610) 434-2162
Fax (610) 434-9370

612 Elm Street
Bethlehem, PA 18018
Phone (610) 865-3151
Fax (610) 865-3249

Release information from: _____

Signature of Patient or Parent/Guardian of Minor Patient: _____

Printed Name of Patient or Parent/Guardian of Minor Patient: _____

Relationship to Patient: _____ Date: _____

