## Authorization To Release Information

hereby authorize Nape	erville Pediatric Associates to rel		
All Medical Re ( ) mental hea	ecords including prior medical re ecords except those related to thalth ( ) substance abuse, ( ) HI ecords except the following speci	e following conditions: (V/ AIDS	ation)
Reason for Request:	( ) moving out of town ( ) child is too old ( ) other	( ) second opinion	
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This form was last revised on October 1, 2010 by Naperville Pediatric Associates