Medical Record Release Form

Tovba Care Medical PC

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Tel: 732-851-6673Fax: 732-851-6674

TO: _____

_____

_____

_____

I _____ , hereby request and authorize you to send all of my progress notes, labs, x-rays, or other tests and hospital discharge summaries that are in my medical records. Please limit this information to that after_____.

Please send this information to:

_____

_____

_____

Date X_____

Patient's Signature X _____

Print Patient's Name X_____

Patient's Date of Birth X_____