



2399 Highway 34
Building A, Suite 5
Wall Township, NJ 08736

Phone: 732-528-5533 | Fax: 732-528-0360

Authorization To Release Records

Patient Name: _____

Address: _____

DOB: _____ Date of Request: _____

I hereby authorize Atlantic Medicine & Wellness, A Member of Consensus Health; to release the following medical information:

- Clinical Notes
- Radiology Reports
- Lab Reports
- ALL
- Other _____

To: Practice Name: _____

Doctor: _____

Address: _____

Phone #: _____ Fax #: _____

Patient Signature: _____

Date: _____