



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

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

## PATIENT RECORDS REQUEST

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_ Date of Request: \_\_\_\_\_

I hereby authorize:

Practice Name: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

to release the following medical information to:

Atlantic Medicine & Wellness; A Member of Consensus Health:

- Clinical Notes
- Radiology Reports
- Lab Reports
- ALL
- Other \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_