

RECORDS RELEASE AUTHORIZATION

TO: _____

Doctor or Hospital

Address

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

SOMERSET PEDIATRIC GROUP, P.A.

- 155 Union Avenue, Bridgewater, NJ 08807
- 1-C New Amwell Road, Hillsborough, NJ 08844
- 1390 Route 22 W., Suite 106, Lebanon, NJ 08833
- 65 Mountain Blvd. Ext., Suite 205, Warren, NJ 07059
- 2345 Lamington Road, Suite 101, Bedminster, NJ 07921

*THE COMPLETE HISTORY RECORDS IN YOUR POSSESSION,
CONCERNING MY ILLNESS AND/OR TREATMENT DURING THE*

PERIOD FROM: _____ TO: _____

Patient's Name: _____ Date: _____

Address: _____

Signature: _____ Witness: _____

(If Relative, State Relationship)