Records Release / Transfer Request

Please Release:

- ☐ Medical Records
- ☐ Labwork
- ☐ Discharge Summary
- ☐ Sleep Study
- ☐ Diagnostic Tests
- ☐ Radiology
- ☐ EKG
- ☐ Other _____

To: AZZ Medical Associates

1440 Pennington Rd. Ewing, NJ 08618

Office: (609) 890-1050 Fax: (609) 890-0950

Requesting From: _____

Name of Facility Address

_____

Upon my request, I hereby give permission for you to release information to AZZ Medical Associates.

_____ _____

Print Patient Name Sign Patient Name / Date