

Willowbrook Pediatrics, PC

57 Willowbrook Blvd. Suite 421

Wayne, New Jersey 07470

Patricia Papadopoulos MD

973-754-4025(Office)

Lisa E. Scofield MD

Wafa Abu-Khrybeh MD

973-638-1969(Fax)

Jagoda Bronstein MD

INCOMING

REQUEST FOR RELEASE OF PATIENT RECORDS

The undersigned acknowledges their lawful authority to request the release of a patient's record. The undersigned and listed patient has hereby requested the transfer of said records and we hereby, request that you release the following patient's records:

Patient's Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Willowbrook Physician:

____ Dr. Abu-Khrybeh ____ Dr. Bronstein ____ Dr. Scofield ____ Dr. Papadopoulos

The undersigned authorizes and requests the release of said medical records from:

Physicians Name: _____

Group Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

To release said medical records to Willowbrook Pediatrics, PC

Signature of Patient or Representative

Date

Relationship to Patient if Applicable

Witness

Date